FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S86870

(0)

R.J.R. INVESTORS, INC.

FILED May 21 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address			T JANKININ EIN FOLIN ANTE INTIL INNIL ANTE ALIEK NIĞIR ÖLNEK OLDUR ULUM KINDI
1803 AUSTRALIAN AVE STE A WEST PALM BEACH FL 33409		Suite 5 Lake Worth Fi	LAKE WORTH FL 33463			DO NOT WRITE IN THIS SPACE
U\$		US				3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Addr	nee .			10/14/1991 4. FEI Number Applied For
21 21	IGCO OF EGGREGOS	<u> </u>	26			65-0297370 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			S8.75 Additional
22		27	├─ ┐			5, Certificate of Status Desired Fee Required
City & State		City & State	City & State		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
[Zip	Country	Zip	├	unlry		This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curr	29 cont Basistared Agent	30			Personal Property Tax due June 30. Y Yes No. 10. Name and Address of New Registered Agent
10.4		ieur veðisreien viðeur		81	Name	
I	TSON, JAMES W					
	50 10TH AVENUE NORTH		BZ		Stree	freet Address (P.O. Box Number is Not Acceptable)
	ite 5 Ke worth FL 33463			83		
~	LE HORITITE 33403				- A11	
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florid	la Statutes, the	above	-name	amed corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with and accept the obligation of socion 507,0505, Florida Statutes.						
SIGNATURE		tollown	` <u>`</u>			of HAT grayer
	Signature, type I or per lest i ame of represent to				int signatu	gnature required when robistating) OATE
12.	DSTV OFFICERS A	AND DIRECTORS	LETE 11	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	WATSON, JAMES W			NAME		
NAME STREET ADDRESS	5350 10TH AVENUE NORT	H SHITE 5			ADDRESS	occe.
CITY-ST-ZIP	LAKE WORTH FL	ri, Quite o		CITY-S		
TITLE	DP	☐ DE		TITLE		Change Addition
NAME	THERIEN, RICHARD C.		221	NAME		
STREET ADDRESS 5350 10TH AVENUE NORTH, SL		H, SUITE 5	JITE 5 235		ADDRESS	RESS
CITY-ST-ZIP	LAKE WORTH FL			спу- \$	ST-ZIP	μ
TITLE			31 TITLE		Change Addition	
NAME	Watson, James W.		321	NAME		
STREET ADDRESS				STREET	ADDRESS	RESS
CITY-ST-ZIP	LAKE WORTH FL			CHY-S	ST - ZIP	
TITLE		[] DE		TITLE		Change Addition
NAME			4	NAME		200
STREET ADDRESS	1		4.3 STREET ADDRESS		. I	
CITY-ST-ZIP TITLE		☐ DE		4.4 CHY-S' 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS					ADDRESS	RESS
CITY-ST-ZIP			1 ' '	CITY-S		
TITLE		☐ DE		6 1 TITLE		Change Addition
NAME			6.21	NAME		
STREET ADDRESS			63	STREET	ADDRESS	RESS
CITY+ST-ZIP	·			CITY-S		
14. I hereby certify that the information supplied with this filling does not qualify for the exemindicated on this annual report or supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true.					tion sta	stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under path, that I am an
officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						