

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V18525 (8)

1. Corporation Name

R-J.N. INDUSTRIES, INC.



Principal Place of Business

**5111 NE 17TH AVENUE
FT. LAUDERDALE FL 33334**

Mailing Address

**5111 NE 17TH AVENUE
FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
06/20/1995

2. Principal Place of Business
21 6732 N.W. 20th Avenue

2a. Mailing Address
26 5200 No. Federal Highway

4. FEI Number
65-0320194

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
Fort Lauderdale, FL

27 Suite 2
28 City & State
Fort Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33309

Country

29 Zip
33308

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESSELS, ROBERT H.
5111 NE 17TH AVENUE
FT. LAUDERDALE FL 33334**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **WESSELS, ROBERT H.**
STREET ADDRESS **5111 NE 17TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VO** ☐ DELETE
NAME **MCCAFFERTY, JAMES S.T.**
STREET ADDRESS **1833 N.E. 51ST ST.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **CARSON, NORMAN JR.**
STREET ADDRESS **15945 44TH ST.**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **D** ☐ DELETE
NAME **BAKER, LOIS C**
STREET ADDRESS **15945 44TH STREET**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Wessels

4/26/96

(954) 971-2270

Date

Daytime Phone

CR2E034 (12/95)