

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
Tallahassee, Florida 32399-0001

**APPROVED  
AND  
FILED**

95 MAY -1 AM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P32215** (6)  
MAJESTIC MARKETING GROUP, LTD. CORPORATION

Principal Office of Business: 421 AVIATION BOULEVARD, SANTA ROSA CA 95403, US  
Mailing Address: 421 AVIATION BOULEVARD, SANTA ROSA CA 95403, US

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		25. Mailing Address		3. Date of Incorporation/Qualification		3a. Date of Last Report	
21. State Apt # and		26. State Apt # and		4. FEI Number		Applied For	
22. City & State		27. City & State		94-2971428		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. City & State		29. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30. City & State		31. City & State		B. This corporation was liable for intangible tax under 1940 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAPA, WILLIAM 5510 PACIFIC BLVD. BOCA RATON FL 33433				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
FL				B5 Zip Code			

11. Pursuant to the provisions of Sections 607.08(1) and 607.08(2) Florida Statutes, the officer 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 this office under Florida Statutes.

SIGNATURE: *William V. Papa* April 14, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRELL, KENNETH	NAME	
STREET ADDRESS	2100 TRINITY RD.	STREET ADDRESS	
CITY, ST, ZIP	GLEN ELLEN CA	CITY, ST, ZIP	
TYPE	D	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JESS S.	NAME	
STREET ADDRESS	421 AVIATION BLVD.	STREET ADDRESS	
CITY, ST, ZIP	SANTA ROSA CA	CITY, ST, ZIP	
TYPE	S	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTFORD, DONALD M JR.	NAME	
STREET ADDRESS	421 AVIATION BLVD.	STREET ADDRESS	
CITY, ST, ZIP	SANTA ROSA CA	CITY, ST, ZIP	
TYPE	CFO	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, PETE, JR	NAME	
STREET ADDRESS	421 AVIATION BLVD.	STREET ADDRESS	
CITY, ST, ZIP	SANTA ROSA CA	CITY, ST, ZIP	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1940.03(1), Florida Statutes. I further certify that the information and filing on the certificate report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if such certificate were prepared or filed on the responsibility of the officer or director represented by the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or certificate attached with an original.

SIGNATURE: *Kenneth D. O'Farrell* April 16, 1995