

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

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**98 APR 20 AM 11:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

**DOCUMENT # P94000052738 (9)**  
1. Corporation Name  
**MJCT ENTERPRISES, INC.**



**REINSTATEMENT 97-98**

Principal Place of Business: ~~5706 BLUEBERRY COURT LAUDERHILL FL 33313-3006~~ **11651 NW 30 PL SUNRISE FL 33323**

Mailing Address: ~~5706 BLUEBERRY COURT LAUDERHILL FL 33313-3006~~ **11651 NW 30 PL SUNRISE FL 33323**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>11651 NW 30 PL</b>		26 <b>11651 NW 30 PL</b>		07/13/1994		08/05/1996	
22 <b>SUNRISE</b>		27 <b>SUNRISE FL</b>		4. FEI Number		Applied For	
23 <b>SUNRISE FL</b>		28 <b>SUNRISE FL</b>		65-0504801		<input checked="" type="checkbox"/> Not Applicable	
24 <b>SUNRISE</b>		29 <b>USA</b>		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 <b>USA</b>		30 <b>USA</b>		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26 <b>USA</b>		31 <b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

~~RODE, JEFFREY W  
5706 BLUEBERRY COURT  
LAUDERHILL FL 33313-3006~~ **SUNRISE, FL 33323**

10. Name and Address of New Registered Agent

81 Name **RODE, CORA A.**

82 Street Address (P.O. Box Number is Not Acceptable) **11651 NW 30 PLACE**

83 **200002498702--4**

84 City **SUNRISE** -04/23/98 FD1 1228 290999

11. Pursuant to the provisions of Sections 607.0402 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Cora A. Rode** **Cora C. Rode** 4/9/98

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODE, JEFFREY W</b>	
STREET ADDRESS	<del>5706 BLUEBERRY CT</del>	
CITY - ST - ZIP	<del>LAUDERHILL FL 33313</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODE, MARK S</b>	
STREET ADDRESS	<del>5706 BLUEBERRY CT</del>	
CITY - ST - ZIP	<del>LAUDERHILL FL 33313</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODE, CORA A</b>	
STREET ADDRESS	<del>5706 BLUEBERRY CT</del>	
CITY - ST - ZIP	<del>LAUDERHILL FL 33313</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KINGSTON, TIMOTHY</b>	
STREET ADDRESS	<del>5706 BLUEBERRY CT</del>	
CITY - ST - ZIP	<del>LAUDERHILL FL 33313</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11651 NW 30 PL</b>
1.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>11651 NW 30 PL</b>
2.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>11651 NW 30 PL</b>
3.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>11651 NW 30 PL</b>
4.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>11651 NW 30 PL</b>
5.4 CITY - ST - ZIP	<b>SUNRISE FL 33323</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the estate 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 **Cora C. Rode** 4/9/98

CR2034 (9/96)