

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060075 (5)

1. Corporation Name
MLJ ASSOCIATES, INC



Principal Place of Business Mailing Address
18800 NW 2 AVE. #204 MIAMI FL 33169 **18800 NW 2 AVE. #204 MIAMI FL 33169**

3. Date Incorporated or Qualified **08/03/1995** 3a. Date of Last Report

21. Principal Place of Business **2755 E. OAKLAND PK. BLDG SUITE 200 FT. LAUDERDALE, FL. 33306 BROWARD**
22. Mailing Address **2755 E. OAKLAND PK. BLDG SUITE 200 FT. LAUDERDALE, FL. 33306 BROWARD**
23. City & State **FT. LAUDERDALE, FL.**
24. Zip **33306** 25. Country **BROWARD** 26. City & State **FT. LAUDERDALE, FL.**
27. Zip **33306** 28. Country **BROWARD**

4. FEI Number **65-0602118**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SILBERGLEIT, DAVID
18800 NW 2 AVE, #204
MIAMI FL 33169

10. Name and Address of New Registered Agent

81. Name **LAURENCE M. KLAPPER**
82. Street Address (R.O. Box Number is not acceptable) **22752 MARBELLA CIR.**
83. **BOCA RATON**
84. City **FL** 85. Zip Code **33433**

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 607.0508, Florida Statutes.

SIGNATURE **LAURENCE M. KLAPPER (DIR)**

[Signature] **2-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRESSNER, MICHAEL	
STREET ADDRESS	400 S 57TH WAY	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAPPER, LAWRENCE	
STREET ADDRESS	22752 MARBELLA CIRCLE	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAPPER, FRAN	
STREET ADDRESS	22752 MARBELLA CIRCLE	
CITY - ST - ZIP	BOCA RATON FL 33433	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 1, or Block 2, or Block 3, or on an alternate filing with an address.

SIGNATURE **[Signature]**

2-26-96 954-537-777

CR2E034 (12/95)