SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 93 AUG 27 MIH: 25 P95000070542 (2) **DOCUMENT #** MJV ENTERPRISES INC. Principal Place of Business Mailing Address 2251 EAST LAKE MIRAMAR CIRCLE 2251 EAST LAKE MIRAMAR CIRCLE MIRAMAR FL 33025 MIRAMAR FL 33025 3a. Date of Last Report 3. Date incorporated or Qualified 09/08/1995 Applied For Mailing Address 2. Principal Place of Business 2a. 65-06/2296 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199 032, Country Zio Ζıρ Yes []] No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VERNON, MARLON S 82 Street Address (P.O. Box Number is Not Acceptable) 2251 EAST LAKE MIRAMAR CIRCLE MIRAMAR FL 33025 83 84 City 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. Thereby 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 DAIL. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE PRESIDENT 1.1 DELF TITLE MARLON S. VERNON L2 NAME NAME 2251 E. LAKE MIRAMAR CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR, FL. 33025 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 800001935408 2.1 Tille TITLE 22 NAME NAME -08/29/96--01015--003 2 3 STREET ADDRESS STREET ADORESS ****225.00 ****225.00 2 4 City - St - ZiP

CITY-ST-ZIP Change Addition TITLE DELETE 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELÈTE 41 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME MAME 5.3 STREET ADDRESS **STREET ADDRESS** CTY-ST-ZIP 5 4 CITY - ST - ZIP DELETE 61 TITLE 62 NAME NAME 63 STHEET ADDRESS 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 1 further certify that the information indicated on this annual report or supplemental annual report is frue 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 617, Florida Statutes, and that my name appears in 8 pick 12 or fillock 13 if changed, or on an attachment with an address

SIGNATURE:

MARLON S, VERNON NAME OF SIGNING OFFICER OR DIRECTOR

08-05-96 (305) 957-4207

(96/8)

CR2E034