

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JUN 20 AM 11:07

DOCUMENT # S28257 (1)

1. Corporation Name
JOHN A. MAJESTIC, P.A.

Principal Place of Business: **7714 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653**
 Mailing Address: **7714 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/28/1991** 3a. Date of Last Report: **06/07/1994**
 4. FEI Number: **59-3048781** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for interjurisdictional under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
MAJESTIC, JOHN A.
7714 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **DP**
 NAME: **MAJESTIC, JOHN A.**
 STREET ADDRESS: **7714 MASSACHUSETTS AVE**
 CITY - ST - ZIP: **NEW PORT RICHEY FL**

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)(b), 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: *John A. Majestic* 6/15/95 (813) 846-7192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)