

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 # 221719 (8)

1. Corporation Name

M & J LANDS INC



Principal Place of Business

915 MIDDLE RIVER DRIVE, STE. 512
FT LAUDERDALE FL 33304-0563

Mailing Address

915 MIDDLE RIVER DRIVE, STE. 512
FT LAUDERDALE FL 33304-0563

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JONES, ROY C
915 MIDDLE RIVER DRIVE, STE. 512
FORT LAUDERDALE FL 33304-0563

3. Date Incorporated or Qualified

03/23/1959

3a. Date of Last Report

01/17/1995

4. FEI Number

59-1003643

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Name of Registered Agent (Type or Print Name)

(If "I" Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
MOSER, WILLIAM EUGENE
915 MIDDLE RIVER DR.
FORT LAUDERDALE FL
ST
JONES, ROY C. (ASST)
915 MIDDLE RIVER DR.
FORT LAUDERDALE FL
ST
JONES, ROY C JR
444 FOREST TRAIL
OVIEDO FL

☐ DELETE

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

Date

Daytime Phone #

CR2E034 (12/95)