

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

FILED  
May 07 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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



DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |                             |                               |
|--|--|---|--|--|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 2340 N.E. 7 Place<br>Suite, Apt. #, etc.<br>22 City & State<br>23 Ft. Lauderdale, FL<br>24 33304 25 Broward                       |  | 2a. Mailing Address<br>26 2340 N.E. 7 Place<br>Suite, Apt. #, etc.<br>27 City & State<br>28 Ft. Lauderdale, FL<br>29 33304 30 Broward |  | 3. Date Incorporated or Qualified<br>03/23/1959  | 4. FEI Number<br>59-1003643 | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |  |   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                             |                               |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |  |                             |                               |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>JONES, ROY C<br>915 MIDDLE RIVER DRIVE, STE. 512<br>FORT LAUDERDALE FL 33304-0563 |  | 10. Name and Address of New Registered Agent<br>81 Name Roy C Jones Jr.<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>552 Forest Trail<br>83<br>84 City Oviedo, FL FL 85 Zip Code 32765 |  |
|--|--|---|--|

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 *Roy C Jones Jr.* DATE 4-21-98  
(NOTE: Registered Agent signature required when reinstating)

|   |  |  |  |
|---|--|--|--|
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE PD<br>NAME MOSER, WILLIAM EUGENE<br>STREET ADDRESS 915 MIDDLE RIVER DR.<br>CITY-ST-ZIP FORT LAUDERDALE FL | <input type="checkbox"/> DELETE                                | 1.1 TITLE PD<br>1.2 NAME MOSER WILLIAM EUGENE<br>1.3 STREET ADDRESS 2340 N.E. 7 Place<br>1.4 CITY-ST-ZIP Fort Lauderdale, FL 33304 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE ST<br>NAME JONES, ROY C. (ASST)<br>STREET ADDRESS 915 MIDDLE RIVER DR.<br>CITY-ST-ZIP FORT LAUDERDALE FL  | <input checked="" type="checkbox"/> DELETE<br>Deceased         | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE ST<br>NAME JONES, ROY C JR<br>STREET ADDRESS 444 FOREST TRAIL<br>CITY-ST-ZIP OVIEDO FL                    | <input type="checkbox"/> DELETE<br>only change from title ASST | 3.1 TITLE ST<br>3.2 NAME JONES, ROY C Jr.<br>3.3 STREET ADDRESS 552 FOREST TRAIL<br>3.4 CITY-ST-ZIP OVIEDO FL 32765                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE                                | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE                                | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE                                | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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 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:

*Roy C Jones Jr.*

4-21-98

CR2E034 (10/97)