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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 422133

Principal Place of Business

MAJEMAC ENTERPRISES, INC.

| 1101 OLD COACHMAN RD (34625) PO BOX 5613 CLEARWATER FL 33758 US | | 1101 OLD COACHMAN RD (34625) PO BOX 5613 CLEARWATER FL 33758 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1973 | | | | | | |
|--|--|--|-----------------------|--------------------|--|---|--------------------------------------|--|------------------------|--------------|---|
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | | pplied For | | |
| 21 | | 26 | | | 59-145520 | 1 | | | ot Applica | | |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of S | tatus Desired | <u> </u> | + | Additional tequired | <u>'</u> ' | |
| City & State | <u> </u> | City & State | | | 6. Election Camp | aign Financing | 'n | \$5.00 | May Be | | |
| 23 | | 28 | | | Trust Fund Co | ntribution | L-J | Added | to Fees | | |
| Zip | Country | Zip | Zip Country | | | 8. This corporation | on owes the curre | | | _ | Ì |
| 24 | 25 | 29 3 | 0 | | | Personal Prop | | | Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | <u> </u> | | 10. Name and Ad | Idress of New R | egistered A | gent | : | |
| MCM | AHON JR, JOHN F. | | | | Name Street Addr | acs (P.O. Box Numbe | er is Not Accental | ole) | | | · |
| | GLENMOOR COURT | • | 62 506 | | | Address (P.O. Box Number is Not Acceptable) | | | | | |
| CLEA | RWATER FL 33516 | | 8 | | | | | | | | 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | | Constitution of the second | | | City | | क्र गार्थ कि एक्क्ट प्रश्नेत्र है। र | FL | | Code | |
| 11. Rursuant 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 of 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 CLE/Pagent 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. (NOTE: R | legistere | d Agent s | signature required | d when reinstating) | | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | | IANGES TO OFF | ICERS AND | | | |
| TITLE . | TD . | ☐ DELETE | 1.1 T | ITLE | | 53-13520 | 1 | | Change | ب ب | Jacon |
| NAME | MCMAHON, MARY C. | | 1.2 N | 1.2 NAME | | | i. | | | | } |
| STREET ADDRESS 1152 GLENMOOR CT. | | | 1.3 STREET ADDRESS | | DORESS | | | | : | • | |
| CITY-ST-ZIP | CLEARWATER FL | | ~ | 1.4 CITY-ST-ZIP | | | · .: | <u> </u> | Chance | . ∏Adi | dition |
| TITLE | SV | DELETE | | 2.1 TITLÉ | | | | | ☐ Change | . [] Au | ullion |
| NAME | MCMAHON, JOHN P. | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | · · | | | TREETA | DORESS | | | | , | | . ' |
| CITY-ST-ZIP | CLEARWATER FL | | • | CITY-ST- | ZIP | · | | | []Change | Ad | dition |
| TITLE NO. | MCMAHON, JOHN F. JR. | | 3.1 TITLE 3.2 NAME | | | | | | Change | . LJ A | Oldos I |
| STREET ADDRESS | 1152 GLENMOOR CT. | | 3.3 5 | TREET A | ODRESS | 1.450 (3.5 | S 1814 1910 1914 191 | and the state of t | N 1919 2131 | · MEL MAIL | 331 |
| CITY-ST-ZIP | CLEARWATER FL | • | 3.4. (| CITY-ST- | -ZIP | 13.14 | | 群形列引 | (1) [1] | 1914 | 1 |
| TITLE | V | ☐ DELETE | 4.1 T | TILE | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 18 (18. K. H.88., G. 19.1.) (| द्ध मार्ग इतिम हा | Change | · 经间隔 Ad | dition |
| NAME OLD COAL | MCMAHON, ELIZABETH E 737 SPENCER AVENUE SOUTH | AND CALL SOLD | | NAME STREET A | NDORESS | , | | | | ` . | |
| CITY-ST-ZIP | CLEARWATER FL | City seed to the seed | 440 | CITY-ST- | 7IP | | | | | | |
| TITLE | - OLL/WITH LITTE | ☐ DELETE | - | TILE | | | | | ☐ Change | Ad 🗌 Ad | ldition |
| NAME | | | 5.2 N | IAME | | | · . | | 11. | . • | -1 |
| STREET ADDRESS | • | • | 5.3 9 | STREET A | ADDRESS | | | | | | ş |
| CITY-ST-ZIP | 19 | | 5.4 (| 5.4 CITY-ST-ZIP | | 73 139520 | | | | | |
| TITLE | 48928 54 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | ITITLE | | | | | Change | a □ Ad | Idition |
| NAME | 1652 GLEANETCH OT | | 6.2 N | | | | | | | 15 to 1 | |
| STREET ADDRESS | | | 6.3 5 | 6.3 STREET ADDRESS | | • | | • | | | • • |
| CITY OT 71D | GV . | | | CITY-ST- | | | | | | | |
| 14. I hereby o | certify that the information supplied with on this annual report or supplemental director of the corporation or the receiv | | | | | | | | | | on |
| officer or Block 12 | director of the corporation or the receiver Block 13 if changed, or on an attach | men with an address, with all | other li | ike em | powered. | | | | | | • |

SIGNATURE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90048 042 ***150.00