

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 12:50

DOCUMENT # 486988 (9)

1. Corporation Name  
MJB INVESTMENTS, INC.

Principal Place of Business Mailing Address  
5555 N. OCEAN BLVD 5555 N. OCEAN BLVD  
APT 67 APT 67  
FT. LAUDERDALE FL 33339-1972 FT. LAUDERDALE FL 33339-1972

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/01/1975 3a. Date of Last Report 03/15/1994  
4. FEI Number 65-0032113 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

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

9. Name and Address of Current Registered Agent  
EAKIN, DONALD W  
2900 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306

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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME CARTER, PHYLLIS M  
STREET ADDRESS 5555 NORTH OCEAN BLVD. #67  
CITY - ST - ZIP FT. LAUDERDALE FL  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(c), 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 or changed, or on an attachment with an addendum.

SIGNATURE: *Phyllis M. Carter* Pres 2/3/95 (305) 463-3777  
PHYLLIS M. CARTER, PRES. & DIR.