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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 486988 (9)

1. Corporation Name
MJB INVESTMENTS, INC.

Principal Place of Business

5555 N. OCEAN BLVD
APT 67
FT. LAUDERDALE FL 33309-2312

Mailing Address

5555 N. OCEAN BLVD
APT 67
FT. LAUDERDALE FL 33309-2312

3. Date Incorporated or Qualified
10/01/1975

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 721 NE 3 Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 721 NE 3 Ave
Suite, Apt. #, etc.

4. FEI Number
65-0032113

Applied For
Not Applicable

22 City & State
23 Ft. Lauderdale, FL

27 City & State
28 Ft. Lauderdale, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33304 25 Country

29 33304 30 Country

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

9. Name and Address of Current Registered Agent

EAKIN, DONALD W
2900 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33308

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 Phyllis M. Carter, PP

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/97

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

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Phyllis M. Carter

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (954) 463-3777

Date

Daytime Phone #

CR2E034 (9/96)