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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED N



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

F9200000186 (8)

MJSI FLAMINGO, INC.

Principal Place of Business								
200 SOUTH PARK ROAD - #200								

Mailing Address

200 SOUTH PARK ROAD - #200



3/27/96 (954) 981-1000

Daytime Phone #

HOLLYWOOD FL 33021			HOLLYWOOD FL 33021				
					3. Date Incorporated or Qualified 11/10/1992	3a. Date of L	ast Report 26/1995
2. Principal Place of Business 2a. Mailing Addre					4, FE: Number		Applied For
21	-1-	26			65-0372830		Not Applicable
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	_	5.00 May Be
23 Ζίρ	Country	28			Trust Fund Contribution	<u> </u>	Added to Fees
24	Country 25	Zip	Country	1	8. This corporation has liability for in		ders 199.032,
•	9. Name and Address of Curre		[30]		Florida Statutes Yes 10. Name and Address of New Re		
•			81	Name	10. Hame and Address of New Ne	distalan Mai	II
STROTS	ER, THEODORE R		82				
	200 SOUTH PARK ROAD - #200			Street Add	ress (P.O. Box Number is Not Acceptable	9)	
	VOOD FL 33021		83	ļ		- · · · · · · · · · · · · · · · · · · ·	
.,							
			84	City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the above-	named corpor	ration submits this statement for the purp		n its registered office
	l agent, or both, in the State of Flo and accept the obligations of, Se			oration's boa	rd of directors. I hereby accept the appoint	ntment as regis	tered agent. I am
	and accept the obligations of, se	chori 607.0505, Florida Statu	nes.				
SIGNATURE	gnature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registered Age	nt signature require	d when reinslating	DATE	************
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PSTD	DELETE	1. 1 TITLE	**-		Ch	
NAME	SWERDLOW, MICHAEL J		1.2 NAME	1		-	, <u> </u>
STREET ADDRESS	REET ADDRESS 200 SOUTH PARK ROAD - #200			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-5				
TITLE		DELETE	2. 1 TITLE			☐ Ch	ange
NAME			22 NAME				
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP	· ·		2.4 CiTY - S	T-ZIP			
TOLE	—		3. 1 TITLE		7	☐ Chi	ange
NAME			3.2 NAME			_	
STREET ADDRESS			3.3 STREE	ADDRESS	90000190	umenene	3
CITY-ST-ZIP			3.4 CITY - S	T-ZIP	-04/30/36010	47-072)
TITLE		☐ DELETE	4. 1 TITLE		90000190 -04/30/36010 ***208.75	13 U12	inge
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CiTY-S	1			
TITLE		DELETE	5. 1 TiTLE			☐ Cha	inge
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T- ZIP			
TITLE		DELETE	6. 1 TITLE			[] Cha	nge Addition
NAME			6.2 NAME				, Jalo
STREET ADDRESS		4	6.3 STREET	ADDRESS		ير. ال	(U.a)
CITY-ST-ZIP	/ 6		64 CITY-S	T- ZIP		Ψ-	/ K
14. I do hereby c	ertify that the information supplied	with this filing is voluntarily fu	uminhad and dan		or the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further
certify that th	e injurmation indicated on this ahr	iuai report or suppliemental a	nnual recort is tru	e and accurat	or the exemption stated in Section 119.0 in the and that my signature shall have the sa is report as required by Chapter 607, Flori	ame legal effect	as if made under

F SIGNING OFFICER OR DIRECTOR