SECOND NOTICE: CORPORATION.WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name G16163 ·

Country

g, Name and Address of Current Registered Agent

25

707 DIPLOMAT PARKWAY

HALLANDALE FL 33009

GULLO, JAMES R.

(9)

M.J.G. ENTERPRISES, INC.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

1104 SOUTH FEDERAL HIGHWAY DANIA FL 33004

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

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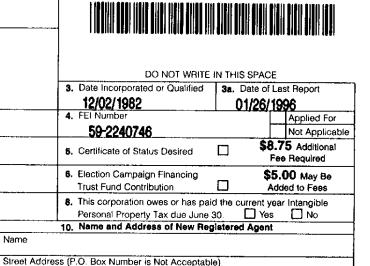
Zip

1104 SOUTH FEDERAL HIGHWAY DANIA FL 33004

APPROVED

.97 JUL 25 PH 12: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Zio Code

85

Country

B1

B2

83 84 City

Name

30

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
12.					NGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	13. 1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Channe	Addition
NAME	GULLO, MARIE A		1.2 NAME	200	៰៰៰៵៵៵៰	ŌO2:	4
STREET ADDRESS	707 DIPLOMAT PARKWAY		1.3 STREET ADDRESS			JI 1UZ~~I	UU6 I
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY - ST - ZIP		****165.00	米米米米]	65.00
TITLE	STD	DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	G ULLO, JAMES R		2.2 NAME				
STREET ADDRESS	707 DIPLOMAT PARKWAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Addition
name			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME '			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	109			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	M 9/2			
TITLE		DELETE	6.1 TITLE	W 1 1		☐ Change	☐ Addition
NAME			6.2 NAME	<i>₩</i> ,			j
STREET ADDRESS			6.3 STREET ADDRESS	•			
			■ 1				

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this filing docinformation indicated on this annual report of supplemental annual am an officer or director of the corporation or the receiver or trus appears in Block 12 or Block 13 if changed, or on an attachment Jama R. Gull