

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51777

1. Corporation Name
MARJI CORPORATION

Principal Place of Business

712 E NEW HAVEN AVENUE
MELBOURNE BEACH FL 32901
US

Mailing Address

712 E NEW HAVEN AVENUE
MELBOURNE FL 32901
US

2. Principal Place of Business

21 712 E. New Haven Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 712 E. New Haven Ave

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL

23 Melbourne, FL

Zip Country

24 32901

25

Zip Country

29 32901

30

2a. Mailing Address

26 712 E. New Haven Ave

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL

Zip Country

29 32901

30

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90195 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1985

4. FEI Number

59-2531482

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

HENDREN, REXAL E I
2930 PLAZA WAY
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDREN, MARGARET H.	1.2 NAME	
STREET ADDRESS	2730 ATLANTIC ST., BOX 83	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	HENDREN, EARMEN	2.2 NAME	
STREET ADDRESS	2930 PLAZA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32935	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rexal E. Hendren* Pres/Sec +

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 407-676-0692
Daytime Phone #

CR2E034 (11/98)