

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 8-696 7594

DOCUMENT # J24080 (0)

1. Corporation Name  
M J C S, INC.



Principal Place of Business

Mailing Address

409 MAIN TRAIL  
ORMOND BCH. FL 32174  
US

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ORMOND BCH. FL 32174  
US

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>07/09/1986   | 3a. Date of Last Report<br>07/06/1995 |
| 4. FEI Number<br>59-2816893   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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

9. Name and Address of Current Registered Agent

JOHNSON, RONALD N.  
326 S. GRANDVIEW AVE.  
DAYTONA BEACH FL 32018

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 607.1509, 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 in block of business agent and limited application

(The SE, Registered Agent signature required when reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD SHANKLAND, CRAIG      | 11 TITLE  |  |
| NAME                       | 409 MAIN TRAIL           | 12 NAME   |  |
| STREET ADDRESS             | ORMOND BEACH FL          | 13 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | STD SHANKLAND, MARY JANE | 14 CITY - ST - ZIP                                    |  |
| TITLE                      | 409 MAIN TRAIL           | 21 TITLE  |  |
| NAME                       | ORMOND BEACH FL          | 22 NAME   |  |
| STREET ADDRESS             |                          | 23 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                          | 24 CITY - ST - ZIP                                    |  |
| TITLE                      |                          | 31 TITLE  |  |
| NAME                       |                          | 32 NAME   |  |
| STREET ADDRESS             |                          | 33 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                          | 34 CITY - ST - ZIP                                    |  |
| TITLE                      |                          | 41 TITLE  |  |
| NAME                       |                          | 42 NAME   |  |
| STREET ADDRESS             |                          | 43 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                          | 44 CITY - ST - ZIP                                    |  |
| TITLE                      |                          | 51 TITLE  |  |
| NAME                       |                          | 52 NAME   |  |
| STREET ADDRESS             |                          | 53 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                          | 54 CITY - ST - ZIP                                    |  |
| TITLE                      |                          | 61 TITLE  |  |
| NAME                       |                          | 62 NAME   |  |
| STREET ADDRESS             |                          | 63 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                          | 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone