

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # J47842 (6)

1. Corporation Name
M.P. & J.S., INC.

Principal Place of Business

5230 ST REGIS PL
SUITE C
ORLANDO FL 32812
US

Mailing Address

5230 ST REGIS PL
SUITE C
ORLANDO FL 32812-1033
US3. Date Incorporated or Qualified
12/18/19863a. Date of Last Report
05/01/1996

4. FEI Number

59-2775524

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAEGER, JOERG
217 E IVANHOE BLVD. NORTH
ORLANDO FL 32804

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 ☐ DELETENAME PETER, MICHAEL J.
STREET ADDRESS 8000 S. RIO GRANDE #102
CITY-ST-ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ AdditionTITLE P ☐ DELETENAME BOLES, LAIRD M.
STREET ADDRESS 8000 S RIO GRANDE AVE
CITY-ST-ZIP ORLANDO FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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 if changed, or on an attachment with an address.

SIGNATURE:

LaIRD M. BOLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

401-856-9311
Daytime Phone #

CR2E034 (9/96)