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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M J N, INC.

1998

K37483

(0)

FILED Apr 17 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		- CANTAINI DON LIILL SAALI DIRAL SELDE HILL BIRLI I	LIBIN ONDIN ƏNDIN DIĞIN BIBIN IDDI
5640 SR 542 W 3375 OLD POLK CITY RD		PO BOX 450065			
WINTER HAVEN FL 33880		3375 OLD POLK CITY RD KISSIMMEE FL 34745		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				10/06/1988	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2916134	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	····	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	\
24	8 Name and Address of Curren	29 September 1	30	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTINO, WILLIAM C., JR. 81 Name					
110 COTTONTAIL LANE					
WINTER HAVEN FL 33880			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		lon I de Out
				F	B5 Zip Code
OHICE OF R	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	ALLIGUDA SUCE CHARGE MAC A	LIDANIZAA by tha carnar	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	The main with and accept the ornige	mions of, acction 607.0305, mol	rioa statutes.		
	Signature, typed or printed name of registered ago	ocand tile plapplicable (NOTE	: Registered Agent signature req	juired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	MARTINO, WILLIAM C. SR.	☐ DELETE	1.1 TITLE		Change Addition
NAME	2520 SEVILLE DR		12 NAME		
STREET ADDRESS	KISSIMMEE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VST	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MARTINO, WILLIAM C. J	L.J DEELIE	2.2 NAME		Change Addition
STREET ADDRESS	110 COTTONTAIL LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN 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		DELETE	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		oresit	6.2 NAME		CT CHANGE CT MUDICION
STREET ADDRESS			63 STREET AUDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	· · · · · · · · · · · · · · · · · · ·		2.70.11 OI EN		

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 appaddress.