

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K52955 (7)

1. Corporation Name
MJL CORPORATION



Principal Place of Business
% WALTER LEITER
13764 MONACO WY
PALM BCH GRDNS FL 33410

Mailing Address
% WALTER LEITER
13764 MONACO WY
PALM BCH GRDNS FL 33410

3. Date Incorporated or Qualified 12/21/1988 3a. Date of Last Report 03/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0094960	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

LEITER, WALTER
13764 MONACO WY
PALM BCH GRDNS FL 33410

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 607.1508, 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 *Walter Leiter, Pres.*

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

(NOTE: Registered Agent signature required when re-issuing)

3-14-96

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, WALTER I.	1.2 NAME	
STREET ADDRESS	13764 MONACO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, MICHAEL J.	2.2 NAME	
STREET ADDRESS	13764 MONACO WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, MARILYN J.	3.2 NAME	
STREET ADDRESS	13764 MONACO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, LIZABETH LEITER	4.2 NAME	
STREET ADDRESS	13764 MONACO WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, JOSHUA R.	5.2 NAME	
STREET ADDRESS	13764 MONACO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter I. Leiter* WALTER I. LEITER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 407-775-9671

Date Daytime Phone

CR2E034 (12/95)