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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K52955

PALM BCH GRDNS FL 33410

MJL CORPORATION

Principal Place of Business Mailing Address % WALTER LEITER % WALTER LEITER 13764 MONACO WY 13764 MONACO WY PALM BCH GRONS FL 33410 PALM BCH GRDNS FL 33410-1235 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1988 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0094960 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEITER, WALTER 13764 MONACO WY

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.

82

83

City 84

Street Address (P.O. Box Number is Not Acceptable)

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D PAES. Change Addition DELETE TITLE 1.1 UILE LEITER, WALTER I. NAME 1.2 NAME 13764 MONACO WAY 1.3 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS. FL CITY-ST-ZIP 1.4 CITY - ST- ZIP D V. P. DELETE Change Addition 2 1 TITLE TITLE LEITER, MICHAEL J. 2.2 NAME NAME 13764 MONACO WAY 2.3 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS. FL 2. 4 CITY - \$1 - 7IP CITY-ST-ZIP D SECY. TAGAS. DELETE Change Addition 3.1 1111.6 TITLE LEITER, MARILYN J. 3.2 NAME NAME 13764 MONACO WAY 3.3 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS. FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE QUINN, LIZABETH LEITER NAME 4. 2 NAME 13764 MONACO WAY 4.3 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS. FL 4.4 CITY - ST - 2/P CITY-ST-ZIP DV.P. DELETE Change Addition TITLE 5.1 TITLE LEITER, JOSHUA R. 5.2 NAME NAME 13764 MONACO WAY STREET ADDRESS 5.3 STREET ADDRESS PALM BCH GRONS. FL CITY-ST-ZiP 5.4 CITY - \$1 - 2(P DELETE Change Addition TITLE 6.1 TIBE NAME 6.2 NAME G.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CH1Y - \$1-7(P)

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. 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 mattachment with an address.

561-

**FILED** 

Mar 17 1997 8:00am

Secretary of State

85

Zip Code