

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K64703 (7)**

1. Corporation Name
MAJESTIC CUSTOM HOMES & DEVELOPMENT, INC.



Principal Place of Business: **4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BCH FL 33411 US**
Mailing Address: **4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BCH FL 33411 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/10/1989**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **65-0097330**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GEORGE, JOHN P. 4061 ROYAL PALM BCH BLVD ROYAL PALM BCH FL 33411**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JOHN P.	2. NAME	
STREET ADDRESS	4061 ROYAL PALM BCH BLVD	3. STREET ADDRESS	
CITY-STATE-ZIP	ROYAL PALM BCH FL	4. CITY-STATE-ZIP	
TITLE	DVS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JOHN P.	6. NAME	
STREET ADDRESS	4061 ROYAL PALM BCH BLVD	7. STREET ADDRESS	
CITY-STATE-ZIP	ROYAL PALM BCH FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the information included within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.073(n), Florida Statutes. I further certify that the information included on this 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 a trustee or partner in a partnership or a partner in a trust or a partner in a limited liability partnership, and that my name appears in Block 12 or Block 13 of this filing. My address is _____

SIGNATURE: *[Handwritten Signature]* DATE: **2/21/96**

CR2E034 (12/95)