SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90004 017 ***550.00

1999	CO WE IN	
DOCUMENT #	K64702	

1. Corporation	Name 100470C	•				
MAJES1	TIC CUSTOM HOMES & DEV	VELOPMENT, INC.				
Principal Place of Business Mailing Address		Mailing Address			ic mente mimic Athii Aidii Atuli (Mul	
4061 ROYAL PALM BEACH BOUŁEVARD 4061 ROYAL PALM BEACH B ROYAL PALM BCH FL 33411 ROYAL PALM BCH FL 33411 US US						
		11	DO NOT WRITE IN THI	S SPACE		
			3. Date Incorporated or Qualified	0 01 1102		
1				02/10/1989		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0097330	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Pae Required	
City & State)	City & State		6. Election Campaign Financing \$5.00 May Be		
Zip	Country		Country	Trust Fund Contribution		
24	25	⊢ `	30	This corporation owes the current year Intangible Personal Property.	Yes No	
24]	9. Name and Address of Current		30	10. Name and Address of New Registered		
	· · · · · · · · · · · · · · · · · · ·		81 Name			
	ORGE, JOHN P.		82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
	4061 ROYAL PALM BCH BLVD		02 30000	areas (F.O. Box Halliber to Not Noseptable)		
ROY	ROYAL PALM BCH FL 33411		83			
			84 City		85 Zip Code	
				<u>F1</u>		
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes	s, the above-named con	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appe	changing its registered	
agent. 1 a	ingstered agent, or both, in the State in im familiar with, and accept the obliga	itions of, section 607.0505, Floi	rida Statutes.	ations board of directors. Thereby accept the appr	onuncit as registered	
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature). 12. OFFICERS AND DIRECTORS 13.			13.	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	DELETE	1.1 TITLE	ADDITIONO/OTIVITOES TO STITUE TO	Change Addition	
NAME	GEORGE, JOHN P.	عدد ال	1.2 NAME			
STREET ADDRESS	4061 ROYAL PALM BCH BLVD	1	1.3 STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BCH FL		1.4 CITY-ST-ZIP			
TITLE	DVS	DELETE	2.1 TITLE		Change Addition	
NAME	GEORGE, JOHN P. 22 NAME		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BCH 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	- Comment of the Comm		3.4 CITY-ST-ZIP			
NAME NAME		DELETE	4.1 TITLE		Change Addition	
1			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	1	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
		i ∩cre≀e	1		L Cliarige L Addition	
NAME I			# 5.2 NAME			
NAME STREET ADDRESS	•		5.2 NAME 5.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 14. 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 an address.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change Addition