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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPURATIONS

1996

DOCUMENT # 1. Corporation Name

K84182

(0)

MFJ SEHVICES, INC.						
Principal Place of Business	Maling Address	3			DING IKRI AKRIL RYBIL I	
% ROBERT F. JOHNSEN 4249 S W TUSCOL STREET PORT ST LUCIE FL 34953	4249 S W TI	% Robert F. Johnsen 4249 S W Tuscol Street Port St Lucie Fl 34953		Date Incorporated or Qualified		
2. Principal Place of Business		·		04/28/1989	05/0	01/1995
21	2a. Mailing Addr	ress		4. FEI Number		Applied For
Suite, Apt. #, etc.	26 Suite, Apt #	ete		65-0121663		Not Applicable
City & State	27			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
23	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip Country	Z(f)	Count		Trust Fund Contribution		Added to Fees
24 25	29	30	· y	8. This corporation has liability for Florida Statutes	intangible tax ur s - ⊠ r∛o	iders 199.032,
9. Name and Address of	of Current Registered Agent			10. Name and Address of New I		nt
		8	1 Name			
JOHNSEN, ROBERT F.		8	2 Street An	dress (P.O. Box Number is Not Acceptal	hl-a	
4249 S W TUSCOL STREET			_[Oraj	
PORT ST LUCIE FL 34953		8	3			****
•		8	4 City			F 7 C-4.
11 Pursuant to the provisions of Continue	600 6600				FL 85	1 .
	orm upous and out. Toug, Nonda	a Statutes, the above	riamed com	oration submits this statement for the nu	reose of changin	g its registered office
 Pursuant to the provisions of Sections or registered agent, or both, in the Stat 	telef Florida. Srich change was a	authorized by the cor	poration's be	and of directors. Thereby account he app	o ptopont on real	
familiar with, and accept the obligations	te of Florida. Such change was a s of, Section 607.0505, Florida S	authorized by the cor Statutes.	poration's be	pard of directors. Thereby accept the app	io ntment as regis	stered agent. Lam
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certify that the information indicated on this airrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Brock 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND DESCOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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