

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K87103 (3)

1. Corporation Name
MAJESTIC FLORA, INC.

Principal Place of Business

**20250 SW 216TH ST
MIAMI FL 33157
US**

Mailing Address

**PO BOX 3922
TEQUESTA FL 33469
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0119434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

**9. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes**

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BUSSEY, WILLIAM C.
790 N.W. 10TH AVE.
HOMESTEAD FL 33030**

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 607.1503, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LIVERS, JOHN L.
STREET ADDRESS	19971 WILKINSON LEAS RD.
CITY - ST - ZIP	TEQUESTA FL
TITLE	P
NAME	BUSSEY, JR ROBERT W.
STREET ADDRESS	790 N.W. 10TH AVE.
CITY - ST - ZIP	HOMESTEAD FL 33030
TITLE	V
NAME	LIVERS, BETH
STREET ADDRESS	19971 WILKINSON LEAS RD.
CITY - ST - ZIP	TEQUESTA FL
TITLE	ST
NAME	BUSSEY, WILLIAM C.
STREET ADDRESS	790 N.W. 10TH AVE.
CITY - ST - ZIP	HOMESTEAD FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beth Livers
Beth Livers

4/15/95

407-747-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #