

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L01083 (9)
1. Corporation Name
MMJ DISTRIBUTORS CORP.

Principal Place of Business
% MITCHELL O'BRIEN
1100 FORT PICKENS RD
PENSACOLA FL 32561

Mailing Address
% MITCHELL O'BRIEN
P O BOX 1104
GULF BREEZE FL 32562
US

FILED

98 NOV -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1989	
4. FEI Number 59-2976459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

O'BRIEN, MITCHELL ALLEN
1100 FORT PICKENS RD
PENSACOLA FL 32561

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, Sections 607.1505, Florida Statutes.

SIGNATURE *Mitchell Allen O'Brien* PRESIDENT 10/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PRESIDENT PST
NAME	O'BRIEN, JULIE K	1.2 NAME	O'BRIEN, MITCHELL A
STREET ADDRESS	1100 FORT PICKENS RD	1.3 STREET ADDRESS	P.O. Box 1104 (NA)
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32562-1104
TITLE	D	2.1 TITLE	DIRECTOR
NAME	O'BRIEN, MITCHELL	2.2 NAME	O'BRIEN, JULIE K.
STREET ADDRESS	1100 FORT PICKENS RD	2.3 STREET ADDRESS	P.O. Box 1104 (NA)
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	GULF BREEZE, FL 32562-1104
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 60, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Mitchell Allen O'Brien (850) 9341443
10/29/98

CR2E034 (10/97)