SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:29

DOCUMENT # **L65618** **(5)**

1. Corporation Name
M & J HOME DESIGNS, INC.

Principal Place of Business	Mailing Address
1922 NW 97TH AVE CORAL SPRINGS FL 33071 US	1922 NW 97TH AVE CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0213923	☐ 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
8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 2858 NW 95th Ave	26 2858 NW 95th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Coral Springs, FL	28 City & State: Coral Springs, FL
24 Zip: 33065 25 County: USA	29 Zip: 33065 30 County: USA

9. Name and Address of Current Registered Agent

CORMIER, LISE D
2782 NW 94TH AVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2858 NW 95th Avenue
83
84 City: Coral Springs FL 85 Zip Code: 33065

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☑ Change ☐ Addition
NAME	CORMIER, LISE D	12 NAME	
STREET ADDRESS	1922 NW 97TH AVE	13 STREET ADDRESS	2858 NW 95th Avenue
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	PTD	21 TITLE	☑ Change ☐ Addition
NAME	CORMIER, ROBERT E	22 NAME	
STREET ADDRESS	1922 NW 97TH AVE	23 STREET ADDRESS	2858 NW 95th Avenue
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Cormier Secretary 6/6/95 (407) 276-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LISE CORMIER

0020047 CP