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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N44918

(3)

MJF STONEY PLAZA, INC.

Principal	Place of	Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



839 NORTH 11T						i 11TH STREI E WI 53233-1									
	••••										3. Date Incorpt 08/29	orated or Qualified /1991		e of Last 03/18/1	
2. Principal Pla			Α	2a.	Mailing	Address	۸	-		Α.	4. FEI Number	4444		A	pplied For
21 1360	<u>N, F</u>	ROSPEC	r Ave.	26	136	<u>,0 N.</u>	PRO	<u> 392</u>	CT 1	HVE	65-03	41141	····		iot Applicable
Suite, Apt. #	, etc.		•	27	Suite, A	Apt. #, etc.					5. Certificate of	Status Desired			Additional Required
City & State		1.4	-	1	City & S	State			_		6. Election Can	npaign Financing		\$5.00) May Be
23 MILV	NAUKI	er W	1	28	Mu	LW AUK	EF.	W.	1		Trust Fund C	Contribution			to Fees
Zip 532	202	Country	7 1		Zip) A 2	<u> </u>	Country	CA			tion has liability for			s. 199.032,
24 352		25 US	<u>>M</u>	29		202	30	<u> </u>	SA		Florida Statu	tes Address of New Re		No	
	9. Name	and Address	of Current	Hegisi	tered Ag	gent		61	Nan		10. Name and a	COURSE OF HER IN	Albinian v	Sour	
															<u></u>
	r, Gerald							82	Stre	et Add	lress (P.O. Box Num	ber is Not Acceptat	ole)		
	urns roa	W						83	-						
SUITE 10															
PALM BE	EACH GAH	IDENS FL 33	410					84	City				FL	85 Zip	Code
11 Purpupal to	h the provisi	one of Section	e 617 0502	and 6	17 1508	Florida Stat	utes th	e shov	a-nam	ed con	poration submits this	s statement for the r	urpose of	changing	its registered
office or re	gistered ag	ent, or both, in	the State of	f Floric	da Such	change was	s author	ized b	y the c	orpora	tion's board of direc	tors. I hereby acce	ot the appo	ointment e	s registered
agent I an	n familiar wi	th, and accept	the obligat	ions of	r, Section	n 617.0503, I	riorida	Statute	15.						
SIGNATURE _	Pinnshun hund	or printed name of	nene haratainer	end title	if applicabl	le (N	OTF: Beat	stered An	ent signs	LIFE FROM	red when reinstating)		DATE		
12.	signature, typeti		CERS AND					13.				HANGES TO OFFIC	CERS AND	DIRECTO	DRS IN 12
TITLE	D					DELETE		1.1 TITLE						Change	Addition
NAME	_	TEIN, JOSEP	нм					1.2 NAME							
STREET ADDRESS		WATER ST.						1.3 STREE	T ADDRES	s					
CITY-ST-ZIP		JKEE WI						L4 CITY-	ST-ZIP						
TITLE	D	71100 VII				DELETE		21 TITLE					"	Change	Addition
NAME	_	RICHARD A	1					2.2 NAME							
STREET ADDRESS		PROSPECT					1	2.3 STREE	T ADDRE	is .					
CITY - ST - ZIP		JKEE WI	• • • •					2. 4 CITY-	-ST-ZIP	-					
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NAME	_	, Bert L						3.2 NAME					-		
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THLE						DELETE		4.1 TITLE						Change	Addition
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CITY-ST-ZIP				u-				5.4 CITY-	ST-ZIP			····			· · · · · · · · · · · · · · · · · · ·
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SIGNAT	URE:	W/	Jrd1	け		SIGNING OFF	ואל	大氏	也	η	مادر	//14/1	1	aylime Phone	9 0076000