


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036456 1. Entity Name MJP LOX CORP.	
---	---

Principal Place of Business 11 SENECA RD SEA RANCH LAKES, FL 33308	Mailing Address 11 SENECA RD SEA RANCH LAKES, FL 33308
--	--

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0998944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANFRED, FRANZ 11 SENECA RD FORT LAUDERDALE, FL 33308
--

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, MANFRED 11 SENECA RD SEA RANCH LAKES, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECCA, PETER L PO BOX 541779 LAKE WORTH, FL 33454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELK, JAMES G 713 NE 2ND ST POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000036983
02/06/04-80081-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Manfred Franz 2/4/04 954 786 1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #