

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P32215 (6)

1. Corporation Name

MAJESTIC MARKETING GROUP, LTD. CORPORATION



Principal Place of Business

Mailing Address

421 AVIATION BOULEVARD  
SANTA ROSA CA 95403  
US

421 AVIATION BOULEVARD  
SANTA ROSA CA 95403  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/07/1990

3a. Date of Last Report  
05/01/1995

4. FEI Number

94-2971428

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 intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

PAPA, WILLIAM  
5510 PACIFIC BLVD.  
BOCA RATON FL 33433

81 Name

Mike Bartlett

82 Street Address (P.O. Box Number is Not Acceptable)

6971 N. Federal Hwy, Ste #301

83

84

Boca Raton

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation appoints 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 Mike Bartlett

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

(NOTE: Registered Agent signature required when translating)

DATE

2-9-96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME O'FARRELL, KENNETH  
STREET ADDRESS 2100 TRINITY RD.  
CITY-ST-ZIP GLEN ELLEN CA

TITLE D ☐ DELETE

NAME JACKSON, JESS S.  
STREET ADDRESS 421 AVIATION BLVD.  
CITY-ST-ZIP SANTA ROSA CA

TITLE S ☐ DELETE

NAME HARTFORD, DONALD M JR.  
STREET ADDRESS 421 AVIATION BLVD.  
CITY-ST-ZIP SANTA ROSA CA

TITLE CFO ☐ DELETE

NAME SCOTT, PETE, JR  
STREET ADDRESS 421 AVIATION BLVD.  
CITY-ST-ZIP SANTA ROSA CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

Donald M. Hartford Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

Date

707-544-4000

Daytime Phone #

CP2E034 (12/95)