

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P92000002487 (6)**

1. Corporation Name

MI-JAM ENTERPRISES, INC.

Principal Place of Business

**5823 FUNSTON ST
HOLLYWOOD FL 33023**

Mailing Address

**5823 FUNSTON ST
HOLLYWOOD FL 33023**

FILED

98 NOV -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1992

4. FEI Number

65-0369444

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MARTIN, NEVILLE
5823 FUNSTON ST
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

81 Name **MARTIN, VERON**

82 Street Address (P.O. Box Number is Not Acceptable)
5823 Funston St.

83

84 City **Hollywood, Florida**

85 Zip Code
33023

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 **VERON D. MARTIN - PRESIDENT** DATE **11-2-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MARTIN, EVILLE**
STREET ADDRESS **7230 EMBASSY BLVD**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ DELETE
NAME **MARTIN, VERON**
STREET ADDRESS **5823 FUNSTON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ DELETE
NAME **MARTIN, NORMA**
STREET ADDRESS **5823 FUNSTON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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
400002687524--1
-11/13/98--01079--019
******150.00 ****150.00**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Registered Agent
400002687524--1
-11/13/98--01079--020
******400.00 ****400.00**

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 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 607, 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

9-21-98 (954) 981-6553

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CR2E034 (5/98)