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

4

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000013866 (8)**

1. Corporation Name
M.J.D., INC.

Principal Place of Business	Mailing Address
901 CLUB DR PALM BEACH GARDENS FL 33418 US	901 CLUB DR PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/23/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0381546** ☐ 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

9. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K
631 U.S. HWY 1
SUITE 408
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	D	1.1 TITLE	MC DERMOTT, DAVID ☒ Change ☐ Addition
NAME	MC DERMOTT, DAVID	1.2 NAME	
STREET ADDRESS	2 LILLIAN AVE	1.3 STREET ADDRESS	(NO LONGER ASSOCIATED WITH
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	THE CORPORATION)
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MC DERMOTT, JOHN C	2.2 NAME	
STREET ADDRESS	2 LILLIAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FOPPE, MARIAM	3.2 NAME	
STREET ADDRESS	901 CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	DIRECTOR
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	ANDREW FOPPE
STREET ADDRESS		4.3 STREET ADDRESS	6293 BRANCH HILL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LOVELAND, OHIO 45140
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	JANICE FOPPE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	74 MARY ST.
TITLE		6.1 TITLE	WEST JEFFERSON, OHIO 43162
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Janice L. Foppe 7-4-94 513-271-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0093940 CP