


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)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000013866 (8)			
1. Corporation Name M.J.D., INC.			
Principal Place of Business 901 CLUB DR PALM BEACH GARDENS FL 33418 US		Mailing Address 901 CLUB DR PALM BEACH GARDENS FL 33418 US	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 65-0381546	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	3. Date Incorporated or Qualified 12/23/1992	
Zip	Country	3a. Date of Last Report 05/01/1995	
24	25	Applied For Not Applicable	
29	30	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	
85 Zip Code		FL	
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 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
2.2 NAME		D. MC DERMOTT JOHN C.	
2.3 STREET ADDRESS		16394 115TH AVE NORTH	
2.4 CITY-ST-ZIP		JUPITOR FLORIDA 33478	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
3.2 NAME		FOPPE MIRIAM	
3.3 STREET ADDRESS		901 CLUB DR.	
3.4 CITY-ST-ZIP		PALM BEACH GARDENS, FL 33418	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
5.2 NAME		000001752480	
5.3 STREET ADDRESS		-03/21/96--01049--003	
5.4 CITY-ST-ZIP		***208.75	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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.			

3-13-96 SG 3-21-96