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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

P9300000097 (4)

DOCUMENT #

MJM INNS, INC.

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2017 DEL DOA					
CAPE CORAL	DO BOULEVARD FL 33904	3817 DEL PRADO I CAPE CORAL FL 3			
				3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 05/30/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0376678	Not Applicable
Suite, Apt. #	, etc.	Suite. Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
:3		28		Trust Fund Contribution	Added to Fees
Zip ⊶	Country 25	Ζιρ 29	Gount y 30	8. This corporation has liability for influence of the florida Statutes Yes	intangible tax under \$ 199,032,
24		Current Registered Agent		10. Name and Address of New F	<i>7</i> - <i>X</i>
	9. Name and Address of	Current Neglatered Agent	81 Name		
MOREDI	Y, MARY JEANNE				
	L PRADO BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptab	DIE)
	ORAL FL 33904		83		<u> </u>
					85 Zip Code
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 6	07.0502 and 607.1508, Florida St	atutes, the above named corpo	oration submits this statement for the pur	rpose of changing its registered office
or reostere	ed agent, or both, in the State	of Florida. Such change was auti of, Section 607.0505, Florida Stat	nonzed by the collogration sipol	pard of directors. Thereby accept the app	iointment as registered agent. I am
tamiliar wit	n, and accept the obligations	or, Section 607.0000, Florida Stat	ines.		
SIGNATURE: _			itsOTE Bayeteral A, introgration resour		DATE
DIONATIONE.	Storgature: it median printed number of record	teger apert and tilk industriated	The DEPARTMENT AND A STAR OF TO THE	real when themstatings	to-ent
	Signature: Speed or printed number of regre- OFFICI	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
12.					
12 .	OFFIC	ERS AND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dies 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 is if made under cartify that I am an officer or director of the corporation or the receiver or trustee empowers it 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:

Mary Jenne Moberly MARY TENNE MOBERLY SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4) 20/96 941-542-006

R2E034 (12/9)