FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300009430

Corporation Name

MBJ INTERNATIONAL INC.

FILED
Feb 24, 1999 8:00 am
Secretary of State
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02-24-1999 90191 018 ***150.00



						[[[[[[[[[[[[[[[[[1	
Principal Place of Business Mailing Address						(188)(89) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18)	•	
10801 STARKLEY RD 10801 STARKEY RD								
JNIT 104		UNIT 104				DO NOT WRITE IN THIS SPACE		
ARGO FL 337:	LARGO FL/34647	30 HV 34647			3. Date Incorporated or Qualifed	_		
JS US						,	- {	
5 5 6 6 6	((0)	9- Mailing Address				02/09/1993 4. FEI Number Applied For	\dashv	
2. Principal Place of Business 2a. Mailing Address			exeu Ro					
1 	#	_ +==	JOSO I STARKEY KO Suite, Apt. #, etc.			59-3164283 Not Applicable \$8.75 Additional	"- -{	
Suite, Apt.	#, etc.	├ ─ ┐				5. Certificate of Status Desired Fee Required	- {	
City & State		27 Unit 104.					=	
- ŋ '	8	├ - - '	¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	ļ	
3	Country	Zip Country				8. This corporation owes the current year Intangible	-	
Zip	25	33777 30 US			2	Personal Property Tax. Yes No	1	
4]	9. Name and Address of Current		<u> </u>	<u></u>	2	10. Name and Address of New Registered Agent	-	
	5. Name and Address of Carren	Triggistores rigeria		81	Name		7	
MAZ	ZOLA, JOHN						_	
	1 STARKEY RD			82	Street A	t Address (P.O. Box Number is Not Acceptable)		
	104			83				
	GO FL 33777		1					
Exido (C 55///				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the at	bove	named c	corporation submits this statement for the purpose of changing its registered	7	
office or o	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	onzed	l bv t	he corpo	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					_			
	Signature, typed or printed name of registered agent			Agent	signature rec	required when reinstating) DATE	€	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	911/98	
TITLE	D	☐ DELETE	1		- {	Cuande Dynam		
NAME	MAZZOLA, JOHN		ME	ļ		1 8		
STREET ADDRESS			REET	ADDRESS		S CR2E034		
CITY-\$T-ZIP	LARGO FL			TY-ST-	ZIP	☐ Change ☐ Addition		
rmre	D	☐ DELETE	2.1 TITLE		}	Change Additi	on) _	
VAME	MAZZOLA, JOAN	ZZOLA, JOAN 22 NA		ME			}	
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MLE	☐ DELETE 3,1 TI		re		Change Additi	on		
NAME	ΛE 3.2 NA		ME					
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NAME	4. 2 N		AME.	1		1		
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ITLE	☐ DELETÉ 51TI		LE.		☐ Change ☐ Additi	on		
NAME			5.2 NA	ME	\		ļ	
STREET ADDRESS			5.3 ST	REET	ADORESS	:(1	
CITY-ST-ZIP			5.4 CT	ry-st-	ZIP			
ITILE		☐ DELETE	6.1 131	î.E		Change Additi	on	
AME			6.2 NA	ME	[
STREET ADDRESS			6.3 ST	REET	ADDRESS		}	
CITY-ST-ZIP			64 C/I	TY-ST-	.ZIP)	
411-31-4 1			ــــــــــــــــــــــــــــــــــــــ					

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, with all other like empowered.

SIGNATURE:

727 398 7978