

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000018934 (8)

1. Corporation Name

M & J ENTERPRISES AND ASSOCIATES, INC.

Principal Place of Business

9752 NW 45 ST
SUNRISE FL 33351

Mailing Address

9752 NW 45 ST
SUNRISE FL 33351

FILED

95 JUL 21 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1993
3a. Date of Last Report 05/01/1994

4. FEI Number 65-0393966
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. The corporation has liability for intangible tax under s. 199.03, Florida Statutes ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suits, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suits, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

TOHA, JULIE S
9752 NW 45 ST
SUNRISE FL 33351

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

Signature of the person named in the current registered agent and the new agent.

Signature of the person named in the current registered agent and the new agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOHA, MUNAWAR L
STREET ADDRESS	9752 NW 45 ST
CITY, ST, ZIP	SUNRISE FL 33351
TITLE	ST
NAME	TOHA, JULIE S
STREET ADDRESS	9752 NW 45 ST
CITY, ST, ZIP	SUNRISE FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(3)(b), 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:

Julie S. Toha
JULIE S. TOHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95

Date

305-742-3714

Telephone Number