FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023394 (8)

1. Corporate Name
M 2 J CORPORATION

Principal Office Address
406 WASHINGTON AVE
HOMESTEAD FL 33030

Mailing Address
406 WASHINGTON AVE
HOMESTEAD FL 33030

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 65-0408887 — 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. The corporation has liability for intangible tax under Chapter 607 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, WADE C
1518 SARRIA AVE
CORAL GABLES FL 33146

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 I hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	CROZIER, JEFFREY L	1535 N GOLDENEYE LANE	HOMESTEAD FL 33034
D	PEAVY, MICHAEL J	840 F INDEPENDENCE DR	HOMESTEAD FL 33034
D	ORR, JEFFREY L	29295 SW 187TH CT	HOMESTEAD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Attach)

Title	Name	Street Address	City, State, Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge, it is true and accurate and that my signature shall constitute 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 is attached with an addition.

SIGNATURE: Jeffrey L. Crozier
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5-9-95 305-247-4545
(DATE) (DAYTIME PHONE #)

0000148 CP