

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023394 (8)

1. Corporation Name
M 2 J CORPORATION



Principal Place of Business: **406 WASHINGTON AVE HOMESTEAD FL 33030**
Mailing Address: **406 WASHINGTON AVE HOMESTEAD FL 33030**

3. Date Incorporated or Qualified: **03/25/1993**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **65-0408887**
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. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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: JEFFREY J. ORR
82 Street Address (P.O. Box Number is Not Acceptable): 29295 SW 187TH CT.
83
84 City: HOMESTEAD FL 85 Zip Code: 33030**

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 607.6505, Florida Statutes.

SIGNATURE: **JEFFREY J. ORR - PRESIDENT** DATE: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROZIER, JEFFREY L	
STREET ADDRESS	1535 N GOLDENEYE LANE	
CITY - ST - ZIP	HOMESTEAD FL 33034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEAVY, MICHAEL J	
STREET ADDRESS	840 F INDEPENDENCE DR	
CITY - ST - ZIP	HOMESTEAD FL 33034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORR, JEFFREY L	
STREET ADDRESS	29295 SW 187TH CT	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEFFREY J. ORR	
3.3 STREET ADDRESS	29295 SW 187TH CT	
3.4 CITY - ST - ZIP	HOMESTEAD FL 33030	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **JEFFREY J. ORR** DATE: **4-26-96** 305-247-4545

CR2E034 (12/95)