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 # **P93000029013 (8)**

1. Corporation Name
MAJAK, INC.

Principal Place of Business
4811 CLEVELAND AVE
FT. MYERS FL 33907

Mailing Address
4811 CLEVELAND AVE
FT. MYERS FL 33907

3. Date Incorporated or Qualified: **04/20/1993**	3a. Date of Last Report: **11/13/1995**
4. FEI Number: **65-0442057**	☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

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

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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: myfanfelippo MIKE SANFELIPPO — 2/6/96
(Signature of new Registered Agent required when reinstating) (NEW Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** **SANFELIPPO, ANTHONY** **1463 COVINGTON CIRCLE WEST** **FT. MYERS FL 33919** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SANFELIPPO, ANTHONY 4910 SW 26th PL. CAPE CORAL, FLA 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**STD** **SANFELIPPO, MIKE** **1463 COVINGTON CIRCLE WEST** **FT. MYERS FL 33919** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD SANFELIPPO, MIKE 17231 Caloosa Trace Cr. Ft Myers, FL 33912 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **SANFELIPPO, JEFFREY** **1463 COVINGTON CIRCLE WEST** **FT. MYERS FL 33919** ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD SANFELIPPO, JEFFREY 4944 PELICAN BLVD CAPE CORAL, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 a blank address.

SIGNATURE: myfanfelippo MIKE SANFELIPPO — 2/6/96 — (941) 936-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #