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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

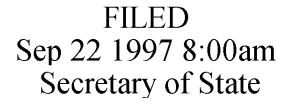
DOCUMENT # P93000055084 (6)

MAJESTIC HOLDINGS, INC.

Principal Place of Business

Mailing Address

450 34TH STREET NORTH ST PETERSBURG FL 33713 450 34TH STREET NORTH ST PETERSBURG FL 33713-9044





ST PETERSBURG FL 33713		ST PETERSBURG FL 33713-9044						
					3. Date Incorporated or Qualified 08/05/1993		te of Last 28/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
Suite, Apt. #, etc.		26			65-0483557			lot Appl⊧cable
22		Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State			 Election Campaign Financing Trust Fund Contribution 		.,	May Be
Zip	Country	Zφ	Coun	try	8. This corporation has liability for	intangible		
24	25	29	30		Florida Statutes	Yes [No.	
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Re	gistered /	Agent	
	K, GLENN G		ľ	Name	9			
	BRICKELL KEY DR		1	Street	Address (P.O. Box Number is Not Acceptable	ole)		1
#16	06 VII FL 33131			13				
MIA	WI FL 33131							
			8	14 City		FL	85 Zip	Code
office or i agent. I a	to the provisions of Sections 607,0502 registered agent, or both, in the State community of the obligation of the colligation of the colligations are sections.	and 607.1508, Florida Statu I Florida Such change was ions of, Section 607.0505, Fl	tes, the abo authorized lorida Statu	ove-named by the col les.	d corporation submits this statement for the p rporation's board of directors. I hereby accep	ourpose of of the app	changing sintment a	its registered s registered
- 40	Signature, typed or printed name of registered agent			kgent signatur	e required when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13. 1.1 Tul		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO Change	DRS IN 1.2
NAME	LYNN, SHARON	L. Deter	1.2 NAM				☐ Change	C) Apartion
STREET ADDRESS	450 34TH ST., N.			e .et address				
CITY-ST-ZIP	ST PETERSBURG FL		4	- ST - <i>TI</i> P				
TITLE	SD	DELETE	2.1 TITL				Change	Addition
NAME	KOLK, GLENN G		2.2 NAM	E				
STREET ADDRESS	520 BRICKELL KEY DR #1606		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAM! FL		2. 4 CIT	-ST-ZIP				
TITLE	D	☐ DELFTE	3.1 TITLI				☐ Change	Addition
NAME	ESPINOSA, LILIA I		3.2 NAM					
STREET ADDRESS	520 BRICKELL KEY DR #1606			ET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL D	DELETE	3.4. CITY 4.1 TITLE	- ST - ZIP			Change	Addition
NAME	CARRERAS, RAFAEL R		4.7 (III.) 4.2 NAN				L. Unange	LI ADDITION
STREET ADDRESS	1775 NW 70TH AVE			ET ADDRESS	İ			
CITY-ST-ZIP	MIAMI FL			- ST - ZIP				1
TITLE		DELETE	5 1 TITLE				Change	Addition
NAME			5 2 NAM	E				
STREET ADDRESS			5 3 S1RE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	_				
\$TREET ADDRESS				e1 address				
CITY-ST-ZIP			6.4 CITY	- ST - ZIP				

14. I do 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.

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