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

95 APR 24 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075324 (2)**

1. Corporation Name
MAJESTIC OSTRICH CORP.

Principal Place of Business	Mailing Address
71 N.W. 71ST ST. MIAMI FL	71 N.W. 71ST ST. MIAMI FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1993	10/05/1994

2. Principal Place of Business	2a. Mailing Address
21 13184 ZACHARY TAYLOR HWY	26 41074 OSBOURNE ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: UNIONVILLE VA.	28 City & State: WELLSVILLE OH.
24 Zip: 22567-2618 25 Country: USA	29 Zip: 43968 30 Country: USA

4. FEI Number: 65-0455357 ☐ 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

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DYM, MARK 71 N.W. 71ST ST. MIAMI FL	81 Name: MARK DYM 82 Street Address (P.O. Box Number is Not Acceptable): 711 S.W. 8TH WAY 83 84 City: FT LAUDERDALE FL 85 Zip Code: 33315

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SEC/TREAS	☑ Change ☐ Addition
NAME	DYM, MARK	12 NAME	DYM. MARK	
STREET ADDRESS	19195 MYSTIC POINT DR., #1208	13 STREET ADDRESS	711 S.W. 8TH WAY	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	D	21 TITLE	VICE-PRES.	☐ Change ☐ Addition
NAME	MCCOPPEN, JOHN	22 NAME		
STREET ADDRESS	23 HAMILTON DRIVE EAST	23 STREET ADDRESS		
CITY-ST-ZIP	NORTH CALDWELL NJ 07006	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ANDERSON, JAMES E	32 NAME		
STREET ADDRESS	246 MAPLE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	EAST VIENNA VA 22180	34 CITY-ST-ZIP		
TITLE		41 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		42 NAME	ROBERT H. FAITH	
STREET ADDRESS		43 STREET ADDRESS	41074 OSBOURNE ROAD	
CITY-ST-ZIP		44 CITY-ST-ZIP	WELLSVILLE OH 43968	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: M. Dym as Sec/Treas. MARK DYM 4/18/95 (Fax) 523-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

016A974 CP