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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90118 006 \*\*\*150.00

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1. Corporation Name

MAJESTIC INVESTMENT CORPORATION

Principal Place of Business

732 N.W. 22ND ST  
WILTON MANORS FL 3311  
US

Mailing Address

27 CASTLE HARBOR ISLAND  
FT. LAUDERDALE FL 33308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0458394

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25

26

29

30

31

32

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOCKE, JR H R  
3038-C N FED HWY  
FT LAUD FL 33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE

NAME  
FOCKE, RICHARD A.  
STREET ADDRESS  
732 N.W. 22ND ST  
CITY-ST-ZIP  
WILTON MANOR FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

NAME  
FOCKE, HENRY R JR  
STREET ADDRESS  
27 CASTLE HARBOR ISLE  
CITY-ST-ZIP  
FT LAUDERDALE FL 33308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME  
FOCKE, SUSAN W.  
STREET ADDRESS  
27 CASTLE HARBOR ISLE  
CITY-ST-ZIP  
FT LAUDERDALE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Richard A. Focke, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (954) 723 9906

Date

Daytime Phone #

CR2E034 (11/98)