

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000001417 (2)

1. Corporation Name
MJRM, INC.



Principal Place of Business
**1339 42ND STREET, NW
WINTER HAVEN FL 33881**

Mailing Address
~~1339 42ND STREET, NW~~ **4500 Hwy 92 E box 1030
WINTER HAVEN FL 33881 Lakeland, Florida 33801**

3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report 01/27/1995
4. FEI Number 59-3215012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**KNAPP, RANDALL L.
4500 HIGHWAY 92 E. BOX 1030
LAKELAND FL 33801**

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 **Randall L. Knapp** Director Date **2/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, MERLYN V	12 NAME	
STREET ADDRESS	4500 HIGHWAY 92 EAST, #306	13 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33801	14 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, MARVIN	22 NAME	
STREET ADDRESS	2003 SHORELAND DRIVE	23 STREET ADDRESS	
CITY-STATE-ZIP	AUBURNDALE FL 33823	24 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, GERALD	32 NAME	
STREET ADDRESS	1863 MEDWAY CARLISLE ROAD	33 STREET ADDRESS	
CITY-STATE-ZIP	MEDWAY OH 45341	34 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, RANDALL L	42 NAME	
STREET ADDRESS	4500 HIGHWAY 92 EAST, #1030	43 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33801	44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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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: *[Signature]* Vice Pres. 2/22/96 (941) 665-0195

CR2E034 (12/95)