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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P9400001417 (2)

MJRM, INC.

Principal Place of Business Mailing Address								1 (ADTIBBL SIN FORE) DINIC MAIN MAIN		CIBIL OFBER 1181	( III II II II II I
1339 42ND STREET, NW WINTER HAVEN FL 33881				1339 42ND STREET. NW WINTER HAVEN FL 33881-1943							
								3. Date Incorporated or Qualified 01/01/1994		ate of Last F 21/1996	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	<u></u>		pplied For
21				26				59-3215012	Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22				27				6. Certificate of Status Desired	ш	Fee R	equired
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23				28				Trust Fund Contribution		Added	to Fees
	Zip Country			Zip Country			<i>'</i>	8. This corporation has liability for intangible tax under s. 199,032,			
24	25 9. Name and Address of Current			30				Florida Statutes Yes No			
4/114			nt negist	ereo Agent		B1	Name	10. Name and Address of New Re	gistered	Agent	
KNAPP, RANDALL L.						01	Name				
4500 HIGHWAY 92 E. BOX 1030 LAKELAND FL 33801				<b>82</b> S			Street Add	ress (P.O. Box Number is Not Acceptab	le)		~ <del></del>
DAK	ELAND FL	33601				83					
						03					
						84	City		FL		Code
11. Pursuant office or agent. I a	to the provision to the provision of the provision of the province of the prov	ions of Sections 607.05 gent or both, in the State ith and accept the oblic	02 and 60 out florid ations of.	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	tes, the al authorize lorida Stat	bove d by	e-named corp / the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of the app	changing i	ts registered registered
SIGNATURE	X (	o prin ed name of registered ag	W.	<del></del>	R A	<b>V</b> C	A II	L K n ARR		1718/91	
12.		OFFICERS AN			13.	. roge	int signature requi	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	3S IN 12
TITLE	D	· · · · · · · · · · · · · · · · · · ·		DELETE	1.1 TO	TLE				Change	Addition
NAME	KNAPP, I	Merlyn v			1.2 N	AME				-	
STREET ADDRESS	4500 HIG	HWAY 92 EAST, #30	)6		1.3 ST	REE1	ADDRESS				
CITY-ST-ZIP	ITY-ST-ZIP LAKELAND FL 33801			1.4 CITY - S1 - 28			i1 - ZIP				
TITLE	D			DELETE	2.110	ILE				Change	Addition
NAME	KNAPP, I				2.2 N/	<b>IME</b>	ŀ				
STREET ADDRESS		ORELAND DRIVE			2.3 \$1	HEET	ADDRESS				
CITY-ST-ZIP	AUBURN	DALE FL 33823			2 4 C	ITY - S	S1 - ZIP				
TITLE	D			DELETE	3 1 TI	LE				Change	Addition
NAME	KNAPP, (				3.2 N/	ME					
STREET ADDRESS		DWAY CARLISLE ROA	AD		3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	<del>+ </del>	OH 45341			3.4. C	11Y-S	S1 - 2/P				
TITLE	D			DELETE	4.1 70	ΙLŧ				Change	Addition Addition
NAME		RANDALL L			4.2 N	AME					
STREET ADDRESS		HWAY 92 EAST, #10	130		4.3 ST	KEE1	ADDRESS				
CITY-ST-ZIP	LAKELAN	ID FL 33801			4.4 Cl		T-ZIP			1	
TITLE				DELETE	5.1 Til	l E				Change	Addition
NAME					5.2 NA	ME					
STREET ADDRESS					5.3 ST	REET	ADURESS				
CITY-ST-ZIP					5.4 CI	1Y-S	T- ZIP				
TITLE				DELETE	G.1 TIT	llf				Change	Addition
NAME					6.2 NA	ME					
STREET ADDRESS	1				6351	DEET	ADDRESS				

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 chipped, or on an attachquent with an address.