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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P9400009055 (2) DOCUMENT #
1. Corporation Name

MJJ FINANCIAL CORPORATION



Principal Place of Business	Mailing Address			
438 86TH AVENUE	438 86TH AVENUE			
ST. PETE BEACH FL 33706	ST. PETE BEACH FL 3370) \$		
			Date Incorporated or Qualified 01/26/1994	3a. Date of East Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6823 ACACIA	26 6823 AC	ACIR	59-3232438	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Port Richey FL	28 Port Riche	Y, FL Count USA	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip 34668-680125 Country USA	394668-6901	Country SA	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s. 🚺 No
9. Name and Address of Curren	t Registered Agent	301 000	10. Name and Address of New I	7
		81 Name		
BERMAN, ALLEN		82 Street-Add	troca /P.O. Box Number is Not Accepta	ole)
438 86TH AVENUE		68	ress (P.O. Box Number is Not Acceptal	ore)
ST. PETE BEACH FL 33706		83		
		84 City		OF Zio Codo
		- Har	t Richev	FL 34668
Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florida S	and 607.1508 Florida Statules,	the above named corpo	oration submits this statement for the pu	rpose of changing its registered office
iamiliar with, and acceptate obligations of, Section	ion 607.0505, Monda Statutes.		•	ion in ent as registered agent. I am
SIGNATURE	regidered Ag	ext & Presi	dent	6-21-96
Signature, typed or protection is of registered age at 12. OFFICERS AND	aril Stellage match: (NGTM	Heigisteresi Agent signature respon	ed when recistioning	DATE
TITLE P	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
NAME BERMAN, ALLEN				T
STREET ADDRESS 438 86TH AVE		1 3 STREET ADURESS 6	BY3 BCBCIA	
CITY-ST-ZIP ST. PETE BEACH FL 33706		1.4 CHY-SI-ZIP	823 ACACIA Port Richey, FL 346	68-6801
TITLE	DELETE	2 1 TILE	101(13)	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY - ST - ZIP		
TITLE	☐ DELETE	3 1 THILE		Change Addit on
NAME		3.2 NAME		22 - 22
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4.C/TY-ST Z/P		
THLE	DELETE	4 1 TITLE		Change Addition
NAME		. 42 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-7IP		4 4 CITY - ST - ZIP		
TITLE	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STHEET ADDRESS		
C(TY-ST-ZIP		5 4 CHY-SI-ZIF		
TITLE	☐ DELETE	6 1 THLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY - ST - ZIP		
 I do hereby certify that the information supplied v 	eith this filipo is voluntarily furnish:	ed and does not nualify t	for the exemption stated in Section 110	AZZZVIA Elocido Statutas I fuetbos

I 64 CHY-SI-ZIP

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 arrival 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 an an officer or director of the composation 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.

S13 367-394

GNATURE:

Output Daylor Florida

SIGNATURE: __