PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400032569

1. Corporation Name MJB HOLDINGS CORPORATION, INC. Principal Place of Business 815 CYPRESS VILLAGE BLVD RUSKIN FL 30573 US	Malling Address 815 CYPRESS VILLAGE BLVD RUSKIN FL 33573 US			DO NOT WR				1
		·		 Date Incorporated or Qualified 04/29/1994 				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		A	oplied For	
21 26				59-3298792			ot Applicable	ł
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional teguired	1
	City & State			6. Election Campaign Financing			May Be	1
City & State	28	_ -	-	Trust Fund Contribution		•	to Fees	
Zip Country	Zip	Country	1	8. This corporation owes the curr	rent year inta			ĺ
24 252	293	اه		Personal Property Tax.		Yes	□No	ļ
9. Name and Address of Current Re	gistered Agent			10. Name and Address of New	Registered A	Agent		1
00507014 11151		81	Name PRE	ESTON, ROSINA				l
PRESTON, ALLEN 3805 CARDENAL AVE		82	Street Add	ress (P.O. Box Number is Not Accept)5 CARDENAL AVE	able)]
RUSKIN FL 33573		83						1
			Rus	skin FL 33573	<u></u>		<u> </u>]
		84	1		FL	11	Code	1
11. Pursuant to the provisions of Sections 607.0502 an office or registered 50en), or both, in the State of Flagent. I am familiar with, and accept the obligations	nd 607.1508, Florida Statutes	, the abov	e-named con	poration submits this statement for the	purpose of	changing it	s registered	1
SIGNATURE Signature typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Age		ed when reinstating)	DATE			(ag
SIGNATURE Signature/typed or printed name of registered apent and 12. OFFICERS AND D	I title if applicable. (NOTE: R	egistered Age			DATE		ORS IN 12	(44/00)
SIGNATURE Signature/typed or printed name of registered agent and 12. OFFICERS AND D TITLE PDS	title if applicable. (NOTE: R	13.		ed when reinstating)	DATE	D DIRECT	ORS IN 12	04 (44/00)
SIGNATURE Signature/typed or printed name of registered apent and 12. OFFICERS AND D TITLE PDS NAME PRESTON, ROSINA	I title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature requer	ed when reinstating)	DATE	D DIRECT	ORS IN 12	E024 (44,08)
SIGNATURE Signature/Typed or printed name of registered appert and 12. OFFICERS AND D TITLE NAME PRESTON, ROSINA 3805 CARDENAL AVE	I title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating)	DATE	D DIRECT	ORS IN 12	DOED24 (44/08)
SIGNATURE Signature/typed or printed name of registered apent and 12. OFFICERS AND D TITLE PDS NAME PRESTON, ROSINA	I title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE	D DIRECT	ORS IN 12	CD0E004 (44/00)
SIGNATURE Signature/typed or printed name of registered apent and 12. OFFICERS AND D TITLE PDS PRESTON, ROSINA STREET ADDRESS CITY-ST-ZP RUSKIN FL TITLE DT	ESSE II APPRICADIO. (NOTE: R IRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	nt signature require	ed when reinstating)	DATE	D DIRECT	ORS IN 12	CD0E004 (44/00)
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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 by on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

May 10, 1999 8:00 am Secretary of State

05-10-1999 90222 026 ***150.00