

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000034315 (9)

1. Corporation Name

MAJESTIC SERVICES, INC.

Principal Place of Business

2526 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

2526 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1994  
3a. Date of Last Report

4. FEI Number 65-0491497  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 300 GALEN DR.

2a. Mailing Address

26 300, GALEN DR

22 # 40A.  
Suite, Apt. #, etc.

27 # 40A.  
Suite, Apt. #, etc.

23 KEY BISCUAYNE . FL  
City & State

28 KEY BISCUAYNE . FL.  
City & State

24 33149. 25 U.S.A.  
Zip Country

29 33149 30 U.S.A.  
Zip Country

9. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL, CHARTERED  
343 ALMERIA AVE.  
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name GEORGE J. LOTT.  
82 Street Address (P.O. Box Number is Not Acceptable) 5976. SUNSET DRIVE.  
83 SUITE 302.  
84 City MIAMI. FL 85 Zip Code 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]*

*[Signature]* George J. Lott

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOW, COLIN
STREET ADDRESS	2526 PONCE DE LEON BLVD.
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(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]* C. GOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.22.95

(305) 361-9931

CR2E004 (3/95)