

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000044677 (0)

1. Corporation Name

M.J. FINANCIAL, INC.



Principal Place of Business

Mailing Address

10219 ALLAMANDA BLVD
PALM BEACH GARDENS FL 33410

10219 ALLAMANDA BLVD
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

21 9810 ALT AIA

26 9810 ALT AIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sn. 115

27 Sn. 115

City & State

City & State

23 P.B. GARDENS, FL.

28 P.B. GARDENS FL.

24 Zip 33410

25 Country USA

29 Zip 33410

30 Country USA

9. Name and Address of Current Registered Agent

FRANK, MITCHELL
10219 ALLAMANDA BLVD
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0497999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and signed approver

(P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME FRANK, MITCHELL
STREET ADDRESS 10219 ALLAMANDA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE V.P. (Vice President)
12 NAME FRANK, BARNEY J.
13 STREET ADDRESS 9810 ALT. AIA
14 CITY-ST-ZIP P.B. GARDENS, FL. 33410

☒ Change ☐ Addition

21 TITLE V.P.
22 NAME FRANK, GLORIA J.
23 STREET ADDRESS Same as Above
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96

561-844 6193