

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (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

DOCUMENT # P94000052738 (9)

1. Corporation Name
MJCT ENTERPRISES, INC.

Principal Place of Business Mailing Address
5706 BLUEBERRY COURT LAUDERHILL FL 33313-3006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1994		3a. Date of Last Report	
4. FEI Number 65-6504801		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.		22. Suite, Apt. #, etc.		23. City & State		24. City & State	
25. Zip		26. Country		27. Zip		28. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
RODE, JEFFREY W 5706 BLUEBERRY COURT LAUDERHILL FL 33313-3006				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City		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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (607.1508) Registered Agent signature required when verifying.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODE, JEFFREY W	1.2 NAME	
STREET ADDRESS	5706 BLUEBERRY CT	1.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERHILL FL 33313	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODE, MARK S	2.2 NAME	
STREET ADDRESS	5706 BLUEBERRY CT	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERHILL FL 33313	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODE, CORA A	3.2 NAME	
STREET ADDRESS	5706 BLUEBERRY CT	3.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERHILL FL 33313	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSTON, TIMOTHY	4.2 NAME	
STREET ADDRESS	5706 BLUEBERRY CT	4.3 STREET ADDRESS	
CITY, ST, ZIP	LAUDERHILL FL 33313	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(b), 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: *Jeffrey W. Rode* **Jeffrey W. Rode** 7/24/95 (305) 485-6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)