

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000056153 (7)

1. Corporation Name

MAJESTIC SHORES DEVELOPMENT, INC.

Principal Place of Business

**262 EAST MERRITT ISLAND CAUSEWAY
SUITE 4
MERRITT ISLAND FL 32952**

Mailing Address

**262 EAST MERRITT ISLAND CAUSEWAY
SUITE 4
MERRITT ISLAND FL 32952**

2. Principal Place of Business

**21 Suite 6
City & State**

2a. Mailing Address

**26 P.O. Box 320637
Suite, Apt. #, etc.
City & State**

23 Zip Country

24 32932-0637 USA

28 Zip Country

29 32932-0637 30 USA

9. Name and Address of Current Registered Agent

**PEEPLES, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32932-0757**

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

4. FEI Number

59-320637-0000

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

DO NOT WRITE IN THIS SPACE.

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 title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME KODSI, MAURICE
STREET ADDRESS P.O. BOX 320637 (N/A)
CITY - ST - ZIP COCOA BEACH FL 32932-0637**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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:

Maurice Kodsi
Signature and Title of Officer or Director

4/18/95

407-463-5360