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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000071279 (1) **DOCUMENT #**

1. Corporation Name

MJM OF LEE COUNTY, INC.

Principal P	lace of	Business
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1318 LAFAYETTE ST

Mailing Address

1318 LAFAYETTE ST



Sulfo, Apt. #, etc.	CAPE CORAL	FL 33904	CAPE CORAL FL 3390	Ж		
Suito, Apt. #, etc.					3. Date Incorporated or Qualified 3a. Date 09/26/1994 04	of Last Report 1/24/1995
Suite, Apt. #, etc. Suite, Apt. #, etc.		ice of Business	⊢ ¬ "		4. FEI Number 65-0522789	Applied For
City & State Country Country City & State City & State City & State Country Country Country City & State Country Cou		+ alo	——————————————————————————————————————		OU COLLY OU	Not Applicable
Zep	22		<u> </u>		5. Certificate of Status Desired	
Country 2p 2p 30 Country 2p 30 Country 5 5 5 5 5 5 5 5 5			├ ─┐ ′			
25	Zip	Country	Zιp	Country		
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL FL 33904 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the approximent as registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I horeby accept the approximent as registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I horeby accept the approximent as registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open. I arraniar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of the objectors. I horeby accept the objectors of	24			30		
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL FL 33904 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 agent, or both, in the State of Florida. Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered agent. I and familiar with, and accept the appointment as registered agent. I and familiar with, and accept the appointment as registered agent. I and familiar with, and accept the appointment as registered agent. I and familiar with, and accept the appointment as registered agent. I and familiar with, and accept the appointment as registered agent. I and familiar with, and acceptable to additional and their applicable. NOTE Pagadess Agent agreement when revisiting 1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. THILE DELETE 1.1 THILE DELETE 1.1 THILE DELETE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY ST - 2P THE Change Additional and the street address in the street address		9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Numbe	UIII TU	OMAC W		B1 Name		
B3 State CAPE CORAL FL 33904 B3 B4 City FL B5 Zip Code	•			82 Street Add	dress (P.O. Box Number is Not Acceptable)	······································
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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I an familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and late if applicable. PAPE Programme required when revisiting) DATE						
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 of corregistered 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 an analysis of the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typod or printed name of registered agent and life if applicable. NOTE Registered Agent signature required when rendating DATE	UAFE U	JUNE LE 33804		83		
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Signature typood or perited name of registored agent and title if applicable. NOTE Registered Agent signature required when reinstating) DATE	or registere familiar with	ed agent, or both, in the State of Hi h, and accept the obligations of, Se	onda. Such change was authoriz action 607.0505, Florida Statute:	zed by the corporation's boass.	ard of directors. I hereby accept the appointment as	registered agent. I am
12.	SIGNATURE					
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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 plantaid, or on an attachment with an address.

SIGNATURE: