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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P95000000706 (8) MAJESTIC TRADING HOUSE, INC. Principal Place of Business Mailing Address 2204 GLENN MIST DRIVE 2204 GLENN MIST DRIVE VALRICO FL 33594 VALRICO FL 33594 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 -3295190 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🗶 No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 HENDERSON, CHARLES W JR Name 2204 GLENN MIST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 83 City 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's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable (IAI) (NO1) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 TITLE Change Addition HENDERSON, CHARLES W JR NAME 1.2 NAME CR2E034 2204 GLENN MIST DRIVE STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 CITY-SI-ZIP 1.4 CiTY - ST-7IP TITLE DELETE 2 F TITLE Change Addition BROOKS, JACK B NAME 11311 SMOKETHORN DRIVE STREET ADDRESS 2.3 STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST ZIP THEF DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE \_\_\_ Change \_\_\_ 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)(k). Florida Statutes 1 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 outh, 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:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 818-677-5226