FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000010541 (7)

1. Corporation Name

M.J. EXCHANGE, INC.

Principal Place of Business	Mailing Address
1645 SE 3RD CT SUITE 206 DEERFIELD BEACH FL 33441	1645 SE 3RD CT SUITE 206 DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 02/08/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 201 S.E 15th Terrace Suite 206
Suite, Apt. #, etc: 22 Deerfield Beach Fl
City & State: 23
Zip: 24 33441 Country: 25 USA

2a. Mailing Address: 26 ← New Address
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0552647 ☐ 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

9. Name and Address of Current Registered Agent

FRANK, MITCHELL
~~1645 SE 3RD CT~~ 201 S.E 15th Terrace Suite 206
SUITE 206
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: Mitchell Frank
82 Street Address (P.O. Box Number is Not Acceptable): 201 S.E 15th Terrace Suite 206
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

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] President DATE: 1/12/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FRANK, MITCHELL	
STREET ADDRESS	~~1645 SE 3RD CT~~ SUITE 206 201 S.E 15th Terrace	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: [signature] President Date: 1/12/96 Daytime Phone #: 407-360-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Frank