

ON NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077648**

Corporation Name

MLJ, INC.

Principal Place of Business  
13RD AVENUE NORTH  
TIERRA VERDE FL 33715

Mailing Address  
440 3RD AVENUE NORTH  
TIERRA VERDE FL 33715

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

WILLIAMS, MARILYN D  
440 3RD AVENUE NORTH  
TIERRA VERDE FL 33715

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

**10/05/1995**

4. FEI Number

**59-3317117**

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

7. This corporation owes the current year

Intangible Personal Property.

Yes

No

10. Name and Address of New Registered Agent

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ADDRESS ST-ZIP	PD WILLIAMS, MARILYN D 440 3RD AVENUE NORTH TIERRA VERDE FL 33715	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			1.2 NAME	
ST-ADDRESS ST-ZIP	VD WILLIAMS, JAMES F 440 3RD AVENUE NORTH TIERRA VERDE FL 33715	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
			1.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
			2.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
			3.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME	
ST-ADDRESS ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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, on an attachment with an address.

GNATURE: *Marilyn D. Williams* SIGNED

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/99 (727) 803-8155  
Date Daytime Phone #

9/8/99 Daytime Phone #

9/8/99 Daytime Phone #

CR2E034 (5/99)