

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90047 034 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082165

1. Corporation Name
M & J #1, INC.

Principal Place of Business
302 JOHNSON STREET
HOLLYWOOD FL 33019

Mailing Address
302 JOHNSON STREET
HOLLYWOOD FL 33019

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0616573	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SROUGI, KHALID 302 JOHNSON STREET HOLLYWOOD FL 33019				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
	SROUGI, KHALEY	302 JOHNSON STREET	HOLLYWOOD FL 33019	1.2 NAME			
	VP	1965 S OCEAN DR APT. #16N	HALLANDALE FL 33009	1.3 STREET ADDRESS			
	S. MUMANI, CHERYL	302 JOHNSON STREET	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP			
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Khalid Srougi* President 1/15/99 954 929 7135

CR2E034 (11/98)