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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000096723 (8)

MJO CONSULTING, INC.

Principal Place of Business

SIGNATURE:

565 SANCTUARY DRIVE SUITE 603A LONGBOAT KEY FL 34228		565 SANCTUARY DRIVE SUITE 603A LONGBOAT KEY FL 34228-3825		3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 02/26/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21	# of	26		65-0639649	Not Applicable	
Suite. Apt.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25 9. Name and Address of Curre	29 29 Agent	[30]	Florida Statutes  10. Name and Address of New Reg	Yes & No	
OHLI	HAUSEN, MARTIN J		81 Name	10. Traine and country of the train	sound right	
565 SANCTUARY DRIVE SUITE 603A			82 Street A	,		
LONG	GBOAT KEY FL 34228		83			
			84 City		85 Zip Code	
44 5		00 1007 1100 5				
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such charioe was	authorized by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE	Signature, typical or printed name of registured as	gevi and title if applicable. (No	OTE: Flegistered Agent signature r	required when reinstaling)	DATE	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition	
NAME.	OHLHAUSEN, MARTIN J		1.2 NAME			
STREET ADDRESS	565 SANTUARY DR SUE 603A		1.3 STREET ADDRESS	565 Sanctuary Dr., Suit	e 603A	
CITY - ST - ZIP	LONGBAOT KEY FL			Longboat Key FL 34228		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME		C official	3.2 NAME		Circumpte Circumon	
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.5 STREET ADDRESS			
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			
TITLE		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	6.1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY - ST-ZIP			
14. I do heret informatio I am an of	by certify that the information supplied in indicated on this annual report or flicer or director of the corporation of the cor	ed with this Hing does not qua supplemental annual report is the receiver or trustee emport	alify for the exemption state and accurate and accurate and accurate this residence.	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal eport as required by Chapter 607, Florida St	<ul> <li>I further certify that the effect as if made under oath; that latutes; and that my name</li> </ul>	

Martin J. Ohlhausen 01/14/97

941-383-5312