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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

		JAL REP 1998	ORT	T Secretary of State DIVISION OF CORPORAT				ONS	Secretary of State				
Ę.	DOCUMENT # P96000013038 (0)												
MJC INTERNATIONAL, INC.													
Principal Place of Business Mailing Address													
7303 MIDNIGHT PASS ROAD 7303 MIDNIGHT PASS ROA SARASOTA FL 34242 US US							.D			DO NOT WRITE IN THIS SF	'ACE		
										 Date Incorporated or Qualified 02/08/1996 			
	· · · · · · · · · · · · · · · · · · ·				a. Mailing Address					4. FEI Number		lied For	
21	Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					65-0643018	\$8.75 Ad	Applicable	
22				27						5. Certificate of Status Desired	Fee Req		
23	City & State			28 Ci	City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to		
	Zip	Country Zip			p	Cou	Country			8. This corporation owes or has paid the curre			
24									l			No	
	Name and Address of Current Registered Agent CEROPONI 144-FO O IO 8									10. Name and Address of New Registered Ag	jent		
FERGESON, JAMES O JR 1515 RINGLING BLVD, SUITE 1000 SARASOTA FL 34236							82	Name	ddros	ss (P.O. Box Number is Not Acceptable)			
							82 Street Addres			s (P.O. box Number is Not Acceptable)			
							83						
							84	City		FL	85 Zip Co	ode	
11	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorize								corpor	ration submits this statement for the purpose of c	hanging its	registered egistered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.									required				
12		D	OFFICERS AN	ID DIRECTO	DELETE	13.	TLE			ADDITIONS/CHANGES TO OFFICERS AND I	Change	IN 12 Addition	
NAI		_	MARTIN J				1.2 NAME				_ Onlinge		
STF	NEET ADDRESS		ngling blvd, suite	1000	000		1.3 STREET ADDRESS						
CITY-ST-ZIP SARASOTA FL 34236			TA FL 34238				1.4 CITY-ST-ZIP						
ŤIT	ĺ				☐ DELETE	2.1 TI				L	Change	Addition	
i	NAME CTREST ADDRESS				I 1			2.2 NAME 2.3 STREET ADDRESS					
	REET ADDRESS Y-St-Zip												
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NA	VIE					3.2 N	AME						
STR	IEET ADDRESS					3.3 S	TREET	ADDRESS					
	Y-ST-ZIP							ST-ZIP			-		
TITL							4.1 TITLE 4. 2 NAME			L	Change	☐ Addition	
NAA eto	reet address							ADDRESS					
	Y-ST-ZIP							ŀ				ļ	
TITL						_	4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition	
NAME						5.2 NA							
STR	EET ADDRESS					5.3 \$1	TREET	ADDRESS					
	Y-ST-ZIP							1-7IP			7 au -		
TITL	- 1				DELETE	61 TO		j			_] Change	Addition	
NAME 62 N STREET ADDRESS 63 S							ADDDESS						
31#	TEL MUDITESS					0.3 5	INCE	ADDRESS					

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.

SIGNATURE:

Apr 02 1998 8:00am