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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026929 (5)



97 JUN 20 PM 12: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MJ CAP	ITAL, INC.			_		
*	ce of Business	Mailing Address		-		n totaletel tile tokin olini detili balik bolik dolin tilalo elike lokin idili (eli kori
6500 SUNSET ST PETERSBU	WAY #511 RG BEACH FL 33708	6500 SUNSET WA' ST PETERSBURG		6-2161		
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996
2. Principal I	Place of Business	2a. Mailing Addre	988			4. FEI Number Applied For
21		26				59-3365971 Not Applicable
Sulte, Apl	.#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired \$8.75 Additional
City & Sta	to .	City & State				Fee Required
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	C	ountry	,	8. This corporation has liability for intangible tay under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
	'ER, JOAN M			81	Name	
6500 SUNSET WAY #511				82	Street Add	dress (P.O. Box Number is Not Acceptable)
ST F	PETERSBURG BEACH FL 33706					` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
				83		
				84	City	85 Zip Code
						FL s z con
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if applicable	(NOTE Registe	ored Ag		rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered processes the suppointment as registered purchasely.
12.	OFFICERS ANI		10			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP MOUAEL A	DEI		TIFLE		500002221 1 195 4000
NAME	FRYER, MICHAEL A 6500 SUNSET WAY #511			NAME		-06/24/9701040003
STREET ADDRESS	ST PETERSBURG BEACH FL 3	270 8			ADDRESS	-06/24/9701040003 ****173.75 ****173.75
CITY-ST-ZIP	DSV DSV	DEC DEC		TITLE	I - ZIP	Change Addition
NAME	FRYER, JOAN M	_ DE	I -	NAME		
STREET ADDRESS	6500 SUNSET WAY #511				ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 3	3706		CITY-:		
TITLE		DE		TITLE	01-21	☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
CITY-ST-ZIP			3.4	. CITY-	SI-ZIP	
TITLE		DEI	ETE 4.1	TOLE		Change Addition
NAME	†		4.2	2 NAME	}	• . •
STREET ADDRESS			4.3	STREET	ADDRESS	•
CITY-ST-ZIP				CITY-5	T-ZIP	
IITLE		☐ DEI	ETE 51	TITLE		Change Addition
NAME	1		5.2	NAME	ļ	
STREET ADDRESS	1		5.3	STREET	ADDRESS	(M/2.
CITY-ST-ZIP				CITY - S	1-2(P	U-Claus Change Addition
TITLE		☐ DEL		TITLE		Change Addition
NAME				NAME	1	416041
STREET ADDRESS					ADDRESS	1/2-1//
CITY-ST-ZIP			64	CITY-S	1 - ZIP	· /

I do 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 eath; 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 13 if changed, or on an attachment with an artifless.

Authority A Trayer**

Authority A Trayer**

Authority

Authority