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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000050526 (8) **DOCUMENT #** 

MJH HOLDINGS INCORPORATED

## **FILED** Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P O BOX EE16952 P O BOX EE16952 NASSAU BA NASSAU BA DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 06/13/1996 4. FEI Number Applied For ROX EE 16952 98-0162543 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAME CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 1600 MIAMI CENTER MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 101 8 Change Addition HINDS, MELVIN J NAME 1.2 NAME CR2E034 P O BOX EE16952 1.3 STREET ADDRESS STREET ADDRESS NASSAU BA 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 employeers to effect this report as required by Chapter 607, Florida Statutes; another my name appears in indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with a decrease.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS