

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057249 (0)

1. Corporation Name
MJ SOUTH, INC.



Principal Place of Business
**1917 DISCOVERY CIRCLE EAST
DEERFIELD BEACH FL 33442**

Mailing Address
**1917 DISCOVERY CIRCLE EAST
DEERFIELD BEACH FL 33442-1009**

3. Date Incorporated or Qualified **07/08/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **1991 DISCOVERY CIR.**
Suite, Apt. #, etc. **EAST**

2a. Mailing Address
26 **1991 DISCOVERY CIR.**
Suite, Apt. #, etc. **EAST**

4. FEI Number **65-0697990** Applied For Not Applicable

22 **DEERFIELD BEACH, FL**

27 **DEERFIELD BEACH, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **33442** 25 **USA**

29 **33442** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KROSCHEL, MAUREEN D
1917 DISCOVERY CIRCLE EAST
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent
81 Name **MAUREEN D. JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable) **1991 DISCOVERY CIRCLE EAST**
83
84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KROSCHEL, MAUREEN D	1.2 NAME	P MAUREEN D. JOHNSON
STREET ADDRESS	1917 DISCOVERY CIRCLE EAST	1.3 STREET ADDRESS	1991 DISCOVERY CIRCLE EAST
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D/S JEFFREY JOHNSON
STREET ADDRESS		2.3 STREET ADDRESS	1991 DISCOVERY CIRCLE EAST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *Maureen D. Johnson* **MAUREEN D. JOHNSON** APRIL 28 1997 (954) 305 2720

CR2E034 (9/96)