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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096504 (1)

STACY MAJOR, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2549 RALEIGH 2543 RALEIGH HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For P.O. Box 74 26 65-0717972 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be FL DANIA Trust Fund Contribution 23 Added to Fees 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible uSA 33004 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INCORPORATORS PLUS, INC. 81 Name MAJOR 1214 N. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable)
2543 RALEIGH ST 82 **PLANTATION FL 33322** 83 84 City 85 Zip Code 33020 HOLLY WOOD 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. nanie of registreed at entand rule if applicable terc **SIGNATURE** (NOTE: Rog stered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MAJOR, STACY NAME 1.2 NAME 2543 RALEIGH STREET ADDRESS 1.3 STREET ADORESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change ☐ Addition TITLE 2.1 TITLE MAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z#P 2. 4 CITY - ST - 21P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-21P 6.4 City-St-ZIP

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.

CIONATURE.

Stary Mayor

CTACH MATA

4 lool av

10001 019-C9N