## 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 #

P97000030418 (2)

M. J. RAND, INC.

## **FILED** Jun 10 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	·· <del></del>			T TODINORY HE SALLI LEDIT EDRIL DALLE DALL
1819 MAIN ST., STE, 610 SARASOTA FL 34236		1819 MAIN ST., STE. 610 SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						· • • • • • • • • • • • • • • • • • • •
2. Principal Pi	ace of Business	2a. Mailing Address				04/03/1997 4. FEI Number Applied For
21		26				105-0749038 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				SR 75 Additional
22		27	27			5. Certificate of Status Desired Fee Regulred
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9, Name and Address of Cur	ent Registered Agent		I,		10. Name and Address of New Registered Agent
NO	rt <b>o</b> n, sam d			81	Name	
181		82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptable)	
	RASOTA FL 34236					stos (* .c. box remos to recry tempo)
•				83		
) <b>.</b>				84	City	85 Zip Code
				<u> </u>		<b>I-L</b>   [ '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of ch						
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						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 (	ITLE		☐ Change ☐ Addition
NAME	SMALL, JACK E JR.		12 N 1.3 S			
STREET ADDRESS	7239 PLOVERS WAY				ADDRESS	÷
CITY-ST-ZIP	SARASOTA FL 34242	14 C		CITY - S1	T-ZIP	
TITLE	DELETE DELETE		211	2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS		Change Addition
NAME	<b>SM</b> ALL, MELISSA D					
STREET ADDRESS	7239 PLOVERS WAY					
CITY-ST-ZIP	SARASOTA FL 34242		2.40	CITY-S	.T - ZIP	
TITLE	☐ DELETE		3.1 T	3.1 TITLE		☐ Change ☐ Addilion
NAME			3.2 h	IAME		
STREET ADDRESS			3.3 S	IREET .	ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP		
TITLE		DELETE	4.1 T	(TLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	······································		4.4 C	ITY-ST	1-21P	
TITLE		DELETE 5.		ITLE		☐ Change ☐ Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			5.4 0	ITY-SI	i - ZIP	
TITLE	DELETE 6.1		6.1 T	6.1 TITLE		ChangeAddition
NAME		6.2 N		5.2 NAME		900002557055 Constitution -06/11/38-01079-040
STREET ADDRESS			6.3 S	TREET	ADDRESS	***150.00
CITY-ST-ZIP		6.4		4 CITY - ST - ZIP		444 (1997) (1997) A A A A A A A A A A A A A A A A A A A

14. 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 trustoe 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

ala lao