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 # P97000030437 (2)

MJJ ASSOCIATES, INC.

Principal Place of Business

Mailing Address

BOLD MAY BE MONDO

ROW BY WAY DAY

FILED Jan 16 1998 8:00am Secretary of State



PARKLAND FL 33087 PARKLAND FL 33087		PARKLAND FL 33067		DO NOT WIDITE IN TWO OFFICE	YE.	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				03/31/1997		
	ace of Business	2a. Mailing Address	(0 + + + + + + + + + + + + + + + + + +	4. FEI Number	Applied For	
	NW 68 MANOR	26 6010 NW	of MANOR	-	Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
27 City & State City & State				Fee Required		
23 PARK	CLAND FL	City & State 28 PARKLAND	Fl.		5.00 May Be Added to Fees	
Zip 3300	Country 25 USA	29 33067	Country 10 USA	8. This corporation owes or has paid the current y	'	
9. Name and Address of Current Registered Agent			1 - 77	Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent		
	N FLAGLER DRIVE 17 FL	LUBITZ, CHAS. A.				
82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 City WEST PALM BEACH FL 85 Zip Code 84 City WEST PALM BEACH FL 85 Zip Code 85 Zip Code 86 City WEST PALM BEACH FL 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.						
agent. I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE LUBITZ CHANLES A Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) Date (NOTE Registered Agent signature required when reinstaling)						
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		hange Addition	
NAME	LAMAR, B J	_	1.2 NAME			
STREET ADDRESS	6010 NW 68 MONOR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	Пс	hange Addition	
NAME		 -	22 NAME		The state of the s	
STREET ADDRESS			23 STREET ADDRESS		Ī	
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	Πc	hange Addition	
NAME		 -	3.2 NAME		13.130	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		hange Addition	
NAME			4. 2 NAME		nungo / auton	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		-	
TITLE		DELETE	5.1 TITLE		hange Addition	
NAME			5.2 NAME	400002403944	Mange Adolton	
STREET ADDRESS			5.3 STREET ADDRESS	400002403944 -01/16/9801117018 ***150.00	}	
CITY-ST-ZIP			5.4 City - St - Zip	***150 . 00		
TITLE		DELETE	6.1 TITLE		hange Addition	
NAME			6.2 NAME	K	Learning TT VOORION	
STREET ADDRESS			■ i		αV	
STREET MUDICOS			6.3 STREET ADDRESS		V 1-16	

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 cath; 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.