Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90035 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047091

1. Corporatio	n Name				1		
MAJ-RO	D, INC.						
Ϊ					I (BAILES) (IN 1811) INDIA ARIIL BRILL BRILL BRILL BRILL BRILL	(111) (111) (111)	
Principal Place of Business Mailing Address					()) B:B:: BB: 46::B	1819) 1181 1881
4000 N A1A 4000 N A1A							
#801 #801					DO NOT WRITE IN THIS SPACE		
FT. PIERCE FL 34949 FT. PIERCE FL 34949					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
ļ	•				05/28/1997		
2 Principal P	ace of Pusiness	2a. Mailing Address			4. FEI Number	I An	plied For
2. Principal Place of Business 2a. Mailing Address 25					65-0757275	<u> </u>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22					5. Certificate of Status Desired	Fee Re	
		City & State	;		6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added	
Zip	Country	Zip	Country	<i>,</i>	8. This corporation owes the current year I	ntangible	
24	25	293	10		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registere	d Agent	
744	ADAKO IAMES		81	Name			
ZAHARAKO, JAMES 4000 N A1A			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
#801			-	 			
FT. PIERCE FL 34949			83				
TI. I MANOR LE 04043			84	City	F	85 Zip	Code
		1005 4540 51 11 01 4 4		L			
11. Pursuant office or i	to the provisions of Sections 607.050 egistered-egept of both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the abov horized by	e-named corp the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its ointment as re	registerea gistered
agent. I a		tions of, Section 607.0505, Florid			3.00	- 0	
SIGNATURE	Signature when or printed name of registered agen		zahae		d when reinstating) DATE	41	
			13.	it agniture require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			☐ Change	Addition
NAME	ZAHARAKO, JAMES		1.2 NAME	Ì	_		
STREET ADDRESS	1400 11 141		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	FT. PIERCE FL 34949		1.4 CITY-S	π-ZIP			
TITLE	ST DELETE		2.1 TITLE			Change	Addition
NAME	ZAHARAKO, DOROTHY B		2.2 NAME				
STREET ADDRESS	ss_4000_N_A1A		2.3 STREE	T ADDRESS			•
CITY-ST-ZIP	FT. PIERCE FL 34949		2.4 CITY :	ST-ZIP	and the second of the second o		
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
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	STREET ADDRESS 4.3		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·	☐ Change	☐ Addition
NAME			5.2 NAME	ļ			
			I	TADDRESS			

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 of the resolver 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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

8.4 CITY-ST-7IP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

12 av 3

CITY-ST-ZIP

STREET ADDRESS

TITLE

PAREJAMES ZAHALAKO

☐ DELETE

☐ Change

☐ Addition