

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062930 (7)

1. Corporation Name
MJF CONSULTANTS, INC.



Principal Place of Business 21218 ST. ANDREWS BLVD., #616 BOCA RATON FL 33433	Mailing Address 21218 ST. ANDREWS BLVD., #616 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21665 MARIGOT DR. Suite, Apt. #, etc. City & State 23 BOCA RATON, FL Zip 24 33428 Country 25 USA		2a. Mailing Address 26 21665 MARIGOT DR. Suite, Apt. #, etc. City & State 28 BOCA RATON, FL Zip 29 33428 Country 30 USA		3. Date Incorporated or Qualified 07/21/1997	
				4. FEI Number 65-0771740 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACK, WILLIAM R 2691 E. OAKLAND PARK BLVD., STE. 102 FT. LAUDERDALE FL 33306				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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.

1/27/98

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIRESTONE, M.J.			1.2 NAME			
STREET ADDRESS	21218 ST. ANDREWS BLVD., #616			1.3 STREET ADDRESS	21665 MARIGOT DR.		
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY-ST-ZIP	BOCA RATON, FL 33428		
TITLE	PVST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIRESTONE, M.J.			2.2 NAME			
STREET ADDRESS	21218 ST. ANDREWS BLVD., #616			2.3 STREET ADDRESS	21665 MARIGOT DR.		
CITY-ST-ZIP	BOCA RATON FL 33433			2.4 CITY-ST-ZIP	BOCA RATON, FL 33428		
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 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 this 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

M.J. FIRESTONE

1/27/98

561 470-1384

CR2E034 (10/97)