

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90031 007 \*\*\*150.00

**DOCUMENT # P97000073898**

1. Corporation Name  
**MJLCONSULT, INC.**

Principal Place of Business  
**4601 GRAY ST., NO. 311 A  
TAMPA FL 33609-1959**

Mailing Address  
**4601 GRAY ST., NO. 311 A  
TAMPA FL 33609-1959**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/25/1997**

4. FEI Number  
**59-3465216**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4715 CLEAR AVE**

Suite, Apt. #, etc.

22 City & State

23 **TAMPA FL**

24 Zip Country

**33629-5511** 25

2a. Mailing Address

26 **4715 CLEAR AVE**

Suite, Apt. #, etc.

27 City & State

28 **TAMPA, FL**

29 Zip Country

**33629-5511** 30

9. Name and Address of Current Registered Agent

**LAFALCE, MICHAEL J JR  
4601 GRAY ST., NO. 311 A  
TAMPA FL 33609-1959**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4715 CLEAR AVE**

83

84 City **TAMPA**

**FL**

85 Zip Code **33629-5511**

10. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**MICHAEL J LAFALCE, JR Pres.**

**3/21/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D LAFALCE, MICHAEL J JR**  
STREET ADDRESS **4601 GRAY ST., NO. 311 A**  
CITY-ST-ZIP **TAMPA FL 33609-1959**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **4715 CLEAR AVE**

1.4 CITY-ST-ZIP **TAMPA FL 33629-5511**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with an other like empowered.

SIGNATURE: **MICHAEL J LAFALCE, JR Pres.** 3/21/99 813.287.5781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0389302