


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90147 033 ***150.00

0536164

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000024496

1. Corporation Name
MAJESTIC SUN, INC.

Principal Place of Business
307 OSCEOLA COURT
NICEVILLE FL 32578

Mailing Address
307 OSCEOLA COURT
NICEVILLE FL 32578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1998	
21	3801 PLAZA TOWER DRIVE	26	3801 PLAZA TOWER DRIVE	4. FEI Number 59-3503235	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	BATON ROUGE LA	28	BATON ROUGE LA	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	70816	25			
29	70816	30			

9. Name and Address of Current Registered Agent

MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	STEWART JUNEAO
STREET ADDRESS		1.3 STREET ADDRESS	3801 PLAZA TOWER DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BATON ROUGE LA 70816
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	NEIL JUNEAO
STREET ADDRESS		2.3 STREET ADDRESS	3801 PLAZA TOWER DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BATON ROUGE LA 70816
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CARLA JUNEAO
STREET ADDRESS		3.3 STREET ADDRESS	3801 PLAZA TOWER DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BATON ROUGE LA 70816
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JUNEAO

4/29/99

(225) 292-2882

Date

Daytime Phone #

CR2E034 (11/98)