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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #
1. Corporation Name P98000053936

MAJESTIC PROPERTIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90054 018 ***150.00



		•			·		
C/O M. PATRI		C/O M. PATRICK. ESQ. 1141 KANE CONCOURSE				•	
BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33			33154		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/16/1998		1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	T A	pplied For
	Kane Concourse 26 Same				65-0845652	N	lot Applicable
	Suite, Apt. #, etc.					\$8.75	Additional
22 # 506 27					5. Certifcate of Status Desired	Fee R	tequired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Bay					Trust Fund Contribution Added to Fees		
				untry 8. This corporation owes the current year Intangible			
Zip Country Zip Cou 24 33154 25 USA 29 30				Personal Property Tax. Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			ł
PATRICK, MARTY ESQ.				Street Add	ress (P.O. Box Number is Not Acceptable)	 ,	
1141 KANE CONCOURSE				82 Street Address (P.O. Box Number is Not Acceptable)			
BAY	HARBOR ISLANDS FL 33154		83		-		
						Ta - 1	
			84	City	· FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statute	s, the abov	e-named corr	poration submits this statement for the purpose of	changing it	s registered
office or	registered agent, or both, in the State of	of Florida. Such change was au	thorized by	the corporation	ion's board of directors. I hereby accept the appoir	tment as r	egistered
agent. I a			da Statutes	3.	2/20/6	2 A	
SIGNATURE	Signature, typed or primed name of registered agent	NOTE:	Ponetonal Ann	nt cianature require	ed when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS	13.	ik signatura raquira	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
TITLE	PD	□ DELETE	1.1 TITLE			Change	☐ Addition
NAME	MORR, JEFF	<u> </u>	1.2 NAME				ļ
	MAAAA KANE OONOOLIDOE			T ADDRESS		,	
STREET ADDRESS	BAY HARBOR ISLANDS FL 331	15 <i>4</i>	1				
CITY-ST-ZIP	BAT HANDON ISLANDS FE 331	DELETE	2.1 TITLE	31-ZIP		☐ Change	Addition
TITLE			2.2 NAME				_
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STREET ADDRESS				TADDRESS	and the second s		
CITY-ST-ZIP		□ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		□ pere ie	3.1 TITLE			[_] Ontainge	
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<u></u>	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	;		4.3 STREE	T ADDRESS			j
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE		•	Change	e ☐ Addition
NAME			5.2 NAME			4 .	•
STREET ADDRESS			5.3 STREE	T ADORESS		a a	
CITY-ST-ZIP			5.4 CMY-	ST-ZIP	e 1	i.t	
TITLE		☐ DELETE	6.1 TITLE		*	Change	Addition
NAME	1						
			6.2 NAME			•	j
STREET ADDRESS			ŀ	T ADDRESS			.

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: