


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90006 035 ***600.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062659

1. Corporation Name
MJC ENTERPRISE UNLIMITED, INC.



Principal Place of Business 3354 NORTHWEST 17TH STREET FORT LAUDERDALE FL 33311	Mailing Address 3354 NORTHWEST 17TH STREET FORT LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number
65-0850253

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. ☐ Yes ☒ No

2. Principal Place of Business
21 **3354 NW 17th Street**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2895 W. Sunrise Blvd**
Suite, Apt. #, etc.

City & State
23 **FT. Lauderdale, FL**
Zip
24 **33311**

City & State
28 **FT. Lauderdale, FL**
Zip
29 **33311**

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **AmeriLawyer**
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City **Coral Gables** FL 85 Zip Code **33134**

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

9/17/99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MARCHELL	
STREET ADDRESS	3354 NORTHWEST 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LING, JEFFREY	
STREET ADDRESS	3354 NORTHWEST 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LING, CARL F	
STREET ADDRESS	3354 NORTHWEST 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott, Marchell	
1.3 STREET ADDRESS	3354 NW 17th Street	
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33311	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ling, Jeffery	
2.3 STREET ADDRESS	1650 NW 27th Ave	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ling, Carl	
3.3 STREET ADDRESS	2530 NW 16th Street	
3.4 CITY-ST-ZIP	FT. Lauderdale, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/99 984 486-4654

CR2E034 (5/99)