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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$37329

M.J.P. INVESTMENTS, INC.

(7)

FILED Jan 23 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	e sambitene ton vitsi soneka vitsin silata init dinat esevi dikat kinit kinit kinit kinit
1949 NW 2ND AVENUE BOGA RATON FL 33432	1949 NW 2ND AVENUE BOCA RATON FL 33432-1601	
		Date Incorporated at Outliffed

						3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1991 06/27/1996		
2. Principal	Place of Business	2a, Mailing Address				4. FEI Number   Applied For		
21		26				AP 00400 IO		
Suite, Apt	1 #, etc.	Suite, Apt. #, etc.				SR 75 Additional		
22						5. Certificate of Status Desired Fee Regulred		
City & State City & State						Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	C	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30			Florida Statutes Yes No					
g. Name and Address of Current Registered Agent					10. Name and Address of New/Registered Agent			
Patel, Mahendra Jashbhai					81 Name			
1949 NW 2ND AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432				Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84	City	85 Zip Code		
11. Pursuan	to the provisions of Sections 607.050	02 and 607 1508, Florida Statu	tes, the	abov	e-named	ed corporation submits this statement for the purpose of changing its registered		
agent I	registered agent, or txxtn, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, FI	authoriz Iorida St	ed b	y the cor s.	orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	V M 1) ~ 12.4	T John	**			× 1/1/197		
0.0.1.1.0.12	Significal Typed or printed name of registered ag	iert and title if applicable (NO	TE. Registe	теф Ар	ent signaturi	ure required when reinstating) DATE		
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELETE	1.1	TITLE		☐ Change ☐ Addition		
NAME	PATEL, MAHENDRA JASHBH	Al	1.2	NAME				
STREET ADDRESS			1.3	STREET	T ADDRESS	s		
CITY - ST - ZIP	BOCA RATON FL		1.4	CITY-5	ST-ZIP			
TITLE	VSD	☐ DELETE	2.1	TITLE		Change Addition		
NAME	PATEL, GITA MAHENDRA		2.2	NAME				
STREET ADDRESS			2.3	STREET	T ADDRESS	s		
CITY - ST - ZIP	BOCA RATON FL		2.4	CITY-	ST-ZIP			
TITLE		DELETE	3 1	TITLE		☐ Change ☐ Addition		
NAME			32	NAME				
STREET ADDRESS			33	STREET	F ADDRESS	5		
CITY - ST - ZIP	<u> </u>		3.4	ÇITY-:	ST-ZIP			
TITLE		☐ DELETE	41	TITLE		Change Addition		
NAME	1		4.2	NAME				
STREET ADDRESS			4.3	STREET	r address	s		
City-St-ZiP				CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1	TITLE		☐ Change ☐ Addition		
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	ADDRESS	s		
CITY - ST - ZIP			5.4	CITY - S	ST-ZIP			
TITLE		☐ DELETE	6.1	11ºLE		Change Addition		
NAME			6.2	NAME				
STREET ADDRESS			63	STREET	ADDRESS	s		
CITY - ST - 7IP	1		6.4	CITY - S	T. 7IP			

14. I do 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.