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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 03 1997 8:00am Secretary of State

DOCUMENT # V38294 (7) M.J.C. TRI-STATE CORP.							
Principal Place of Business N IRVING COWAN 3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019		Mailing Address N IRVING COWAN 3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019-2826					
					3. Date Incorporated or Qualified 05/27/1992	3a. Date of L 02/28/19	•
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Ap	t #, etc.	26			65-0344128	\$8.	Not Applicable 75 Additional
22	gr	27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired		ee Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
23] Z _{iD}	Country	28 Zip	Country	.,·	This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	Name and Address of Curr ANG COWAN	ent Registered Agent	81	Name	10. Name and Address of New R	egistereti Ağent	
	25 South Ocean Drive DLLYWOOD FL 33019		83	Street Add	ress (P.O. Box Number is Not Accepta	FL 85	Zip Code
agent. I SIGNATURE 12.	Signature i specificir per led name of registered		Torida Statutes TE: Ragistered Agent		poration submits this statement for the tition's board of directors. I hereby accu- ired when reinstating. ADDITIONS/CHANGES TO OFF	DATE	
TITLE	T D	DELETE	1.1 TIFLE		ADDITIONS/OFFICES TO OFF		
NAME	COWAN, IRVING		1.2 NAME				'
STREET ADDRESS			1.3 STREET AL	1			
CITY - ST - 76P	HOLLYWOOD FL	☐ DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP	<u> </u>	☐ Cr	ange Addition
NAME	COWAN, MARJORIE F.	- Miller	2.2 NAME			_ . ,	
STREET ADORES			2.3 STREET AC	DAESS			
CITY - \$1 - ZIP	HOLLYWOOD FL	Oper	2. 4 CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·	77.2	man Andre-
THE		DELETE	3 1 TITLE 32 NAME			☐ CI	ange L Addition
STREET ADDRESS	s		3.3 STREET AL	ODRESS			
COY-51-2iF			3.4. CITY-ST-				
TITLE		☐ DELETE	4.1 TITLE			□ Cr	ange
NAME OTREAT ADDRESS			4.2 NAME 4.3 STREET AL	Marce			
STREET ADDISES: CITY+SE-ZiP	·		44 CITY-ST-	1			
TITLE		☐ DELETE	5.1 TITLE			☐ Cr	ange Addition
NAME			5.2 NAME	ļ			
STREET ADERES	s		5.3 STREET AL				
City-St-7IP		DELETE	5.4 CITY-ST-	ZIP	······································		ange [] Addition
TITEF		☐ DEL€TE	6 1 TITLE	1		∐ CI	инус _Г ублион
NAME OTDECT ATMINED			6.2 NAME	ODDE CC			
STREET ADDRESS	0		6.3 STREET AL	1			

14. If do hereby certify that the information supplied with the fing 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 eath; that I are an office or director of true corporation or the section 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 adeciment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #