

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 11 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023394 (8)**

1. Corporation Name
M 2 J CORPORATION

Principal Office Address: **406 WASHINGTON AVE
HOMESTEAD FL 33030**
Mailing Address: **406 WASHINGTON AVE
HOMESTEAD FL 33030**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/25/1993** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **65-0408887** 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. The corporation has liability for intangible tax under Florida Statutes: Yes No

2. Principal Office Address	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. St. County Zip	28. City & State
24. St. County Zip	29. City & State
25. County Zip	30. City & State

9. Name and Address of Current Registered Agent
**PETERSON, WADE C
1518 SARRIA AVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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, as 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 607.0508, Florida Statutes.

SIGNATURE: _____ (Signature of New Registered Agent) _____ (Signature of Current Registered Agent)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	CROZIER, JEFFREY L
3. STREET ADDRESS	1535 N GOLDENEYE LANE HOMESTEAD FL 33034
4. CITY & STATE	
5. TITLE	D
6. NAME	PEAVY, MICHAEL J
7. STREET ADDRESS	840 F INDEPENDENCE DR HOMESTEAD FL 33034
8. CITY & STATE	
9. TITLE	D
10. NAME	ORR, JEFFREY L
11. STREET ADDRESS	28295 SW 187TH CT HOMESTEAD FL
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (1-20)

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I warrant and certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in tax law 1191(c)(1)(B), Florida Statutes. I hereby warrant that the information included 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. My name is an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 1, or Block 2, of a transcript, or power of attorney with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Jeffrey L. Crozier

5-9-95 305-247-4545