

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023394 (8)

1. Corporation Name
M 2 J CORPORATION



Principal Place of Business: **406 WASHINGTON AVE HOMESTEAD FL 33030**
Mailing Address: **406 WASHINGTON AVE HOMESTEAD FL 33030**

3. Date Incorporated or Qualified: **03/25/1993**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **65-0408887**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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
**81 Name: JEFFREY J. ORR
82 Street Address (P.O. Box Number is Not Acceptable): 29295 SW 187TH CT.
83
84 City: HOMESTEAD FL 85 Zip Code: 33030**

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 607.6505, Florida Statutes.

SIGNATURE: **JEFFREY J. ORR - PRESIDENT** DATE: **4-26-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CROZIER, JEFFREY L | |
| STREET ADDRESS | 1535 N GOLDENEYE LANE | |
| CITY - ST - ZIP | HOMESTEAD FL 33034 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PEAVY, MICHAEL J | |
| STREET ADDRESS | 840 F INDEPENDENCE DR | |
| CITY - ST - ZIP | HOMESTEAD FL 33034 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ORR, JEFFREY L | |
| STREET ADDRESS | 29295 SW 187TH CT | |
| CITY - ST - ZIP | HOMESTEAD FL | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JEFFREY J. ORR | |
| 3.3 STREET ADDRESS | 29295 SW 187TH CT | |
| 3.4 CITY - ST - ZIP | HOMESTEAD FL 33030 | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JEFFREY J. ORR** DATE: **4-26-96** 305-247-4545
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)