

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 # P95000018775 (3)

1. Corporation Name
MAJESTIC STONE, INC.



Principal Place of Business: **5621 DELANO LANE ORLANDO FL 32821**
Mailing Address: **5621 DELANO LANE ORLANDO FL 32821**

3. Date Incorporated or Qualified: **03/08/1995**
3a. Date of Last Report
4. FEI Number: **59-3302991**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **6219 Ogden Ad**
Suite, Apt. #, etc.
22
City & State: **Dayton**
Zip: **TN** Country: **Rhea**
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9. Name and Address of Current Registered Agent
**IRWIN, ALFRED
5621 DELANO LANE
ORLANDO FL 32821**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: *Alfred Irwin* DATE: **4-25-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	IRWIN, ALFRED	
STREET ADDRESS	5621 DELANO LANE	
CITY-ST-ZIP	ORLANDO FL 32821	
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		Change	Addition
1.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Irwin, Alfred		
1.3 STREET ADDRESS	5621 Delano Lane		
1.4 CITY-ST-ZIP	Orlando, FL 32821		
2.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Duane Zollinger		
2.3 STREET ADDRESS	201 Camp Wilderness Rd		
2.4 CITY-ST-ZIP	Dayton, TN 37321		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	100001801831		
4.1 TITLE	-04/30/96--01108--003	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	***200.00		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	300001801831	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-04/30/96--01108--004		
5.3 STREET ADDRESS	***8.75		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Alfred Irwin* DATE: **4-25-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)

PAID 4-30-96