

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J79674** (4)

1. Corporation Name
MAYO INVESTMENTS, INC.



Principal Place of Business: **4799 HIGH GROVE TALLAHASSEE FL 32308-2977**
Mailing Address: **P.O. BOX 3252 TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified: **06/25/1987**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-2844341**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**MAYO, ROBERT
5230 OUTWOOD MILL LANE
TALLAHASSEE FL 32308**

only change of address →

10. Name and Address of New Registered Agent

81 Name: **Mayo, Robert**
82 Street Address: **1933 Chatsworth Way**
83 City: **Tallahassee**
84 City: **Tallahassee** FL 85 Zip Code: **32308**

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

Signature, typed or printed name of registered agent and street address

(If NE) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	MAYO, ROBERT	
STREET ADDRESS	5230 OUTWOOD MILL LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/>
NAME	AKHAVAN, SOHEIL	
STREET ADDRESS	1933 CHATSWORTH WAY	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS	1933 CHATSWORTH WAY	
1.4 CITY - ST - ZIP	Tall FL 32308	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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	500001771295	
6.3 STREET ADDRESS	-04/05/96--01083--019	
6.4 CITY - ST - ZIP	***200.00	

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: *Soheil Akhavan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 (904) 878-0823
Date: Digital Product #

CR2E034 (12/95)

4-5-96