

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J79674 (4)**

1. Corporation Name
MAYO INVESTMENTS, INC.



Principal Place of Business Mailing Address
4769 HIGH GROVE TALLAHASSEE FL 32308-2977
P.O. BOX 3252 TALLAHASSEE FL 32315-3252

3. Date Incorporated or Qualified **06/25/1987** 3a. Date of Last Report **04/05/1996**
 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 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

MAYO, ROBERT
1933 CHATSWORTH WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MAYO, ROBERT | |
| STREET ADDRESS | 1933 CHATSWORTH WAY | |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | AKHAVAN, SOHEIL | |
| STREET ADDRESS | 1933 CHATSWORTH WAY | |
| CITY - ST - ZIP | TALLAHASSEE 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 | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Soheil Akhavan | |
| 1.3 STREET ADDRESS | 1933 Chatsworth Way | |
| 1.4 CITY - ST - ZIP | Tallahassee, FL 32308 | |
| 2.1 TITLE | Secretary, Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Sohrab Akhavan | |
| 2.3 STREET ADDRESS | 2050 Chatsworth Way | |
| 2.4 CITY - ST - ZIP | Tallahassee, FL 32308 | |
| 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 | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

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JB2-27-97

14. I do hereby certify that the information supplied with this filing 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 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** Soheil AKhavan 2-18-97 (904) 878-0823

CR2E034 (9/96)