

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L44478**

1. Corporation Name  
**MEGA INTERNATIONAL MARKETING, INC**

Principal Place of Business / Mailing Address  
**7550 Hinson St. 14B  
Orlando FL 32819**

3. Date Incorporated or Qualified / 3a. Date of Last Report  
**8/95**

2. Principal Place of Business / 2a. Mailing Address  
21. **7550 Hinson St** / 26. **7550 Hinson St**  
22. **14B** / 27. **14B**  
23. **Orlando** / 28. **Orlando**  
24. **32819** / 25. **USA** / 29. **FL 32819** / 30. **USA**

4. FEI Number  
**59 299 3145**

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. 190.01 of Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
81. Name **Joyce JACOBS**  
82. Street Address (P.O. Box Number is Not Acceptable) **7550 Hinson St 14B**  
83.   
84. City **Orlando** / 85. Zip Code **FL 32819**

11. Pursuant to the provisions of Sections 607.0817 and 607.1806, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the statement of Sections 607.0817 and 607.1806, Florida Statutes.

SIGNATURE: *Joyce Jacobs*

**8/5/96**

12. OFFICERS AND DIRECTORS

1. NAME	<b>Joyce JACOBS</b>	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
2. STREET ADDRESS	<b>7550 Hinson St 14B</b>	
3. CITY, ST. ZIP	<b>Orlando FL 32819</b>	
4. NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
5. STREET ADDRESS		
6. CITY, ST. ZIP		
7. NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
8. STREET ADDRESS		
9. CITY, ST. ZIP		
10. NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
11. STREET ADDRESS		
12. CITY, ST. ZIP		
13. NAME		<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
14. STREET ADDRESS		
15. CITY, ST. ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1-12)

Change  Add  Delete

**000001916310**  
**-08/08/96--01027--021**  
**\*\*\*225.00**

**8/96**

14. I am familiar with and accept the statement of Sections 607.0817 and 607.1806, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the statement of Sections 607.0817 and 607.1806, Florida Statutes.

SIGNATURE: *Joyce Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/5/96** **407 345 8440**

CR2E034 (3/96)