


FILED
Apr 29, 1999 8:00 am
Secretary of State

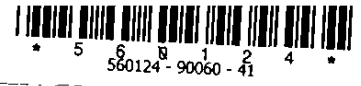
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FRONT
CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L44478
 1. Corporation Name
MEGA INTERNATIONAL MARKETING, INC



Principal Place of Business Mailing Address
PO Box 95-2768 LAKE MARY FL 32795
PO Box 95-2768 LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address
 21 PO Box 7967 26 PO Box 7967
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
NAPLES FL NAPLES FL
 24 Zip 25 Country 29 Zip 30 Country
34101 USA 34101 USA

4. FEI Number Applied For
592993145 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name MARTIN PRAQUE CPA
 82 Street Address (P.O. Box Number is Not Acceptable)
545 N. PARK AVE
 83
 84 City WINTER PARK FL 85 Zip Code 32789

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 MARTIN PRAQUE DATE 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<u>Pres Joyce Jacobs</u>
STREET ADDRESS	<u>157 Colonades Circle</u>
CITY-ST-ZIP	<u>NAPLES FL 34103</u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>JAMIE JACOBS - VP</u>
STREET ADDRESS	<u>157 Colonades Circle</u>
CITY-ST-ZIP	<u>Naples FL 34103</u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>Arthur Jacobs - VP</u>
STREET ADDRESS	<u>157 Colonades Circle</u>
CITY-ST-ZIP	<u>Naples FL 34103</u>
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	<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	

14. I 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, with all other like empowered.

SIGNATURE: Joyce Jacobs Pres DATE 4/14/99 DAYTIME PHONE # 269-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)