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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000007603 (0)

1. Corporation Name
MAZELLE ENTERTAINMENT, INC.



Principal Place of Business: **5144 CENTRAL AVENUE ST. PETERSBURG FL 33707**
 Mailing Address: **POST OFFICE BOX 41000 ST. PETERSBURG FL 33743-1000**

3. Date Incorporated or Qualified: **01/25/1995**
 3a. Date of Last Report: **03/19/1996**
 4. FEI Number: **59-3298806**
 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
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, DAVID A
5144 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: DELETE
 NAME: **PSTD FRANKLIN, LARRY A**
 STREET ADDRESS: **8360 144TH LANE N SEMINOLE FL**
 CITY-ST-ZIP:
 2. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 3. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 4. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 5. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 6. TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS: **18201 Gulf Blvd., Unit 406 Redington Shores, FL 33708**
 1.4 CITY-ST-ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 813-351-3662
 DATE DAYTIME PHONE #

CR2E034 (9/96)