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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Apr 21 1998 8:00am Secretary of State

MAZ IN	VESTMENTS, INC.						
Principal Plac	e of Business	Mailing Address					
GASOLINE ALLEY CAFE 17928 U.S. HIGH			VAY 19 NORTH				
17928 US 19	N	CLEARWATER FL 34624			DO NOT WRITE IN THIS SPACE		
CLEARWATER US	R FL 34624				3. Date Incorporated or Qualified	IS SPACE	 1
					03/04/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	\neg
21		26			59-3120116	Not Applicat	nle
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State				Fee Required	
23	e	1			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		28	Countr	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes No	Ī
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
ZU	ICCOLILLO, MICHAEL		81	Name			
	928 U.S. HIGHWAY 19 NORTH		82	Street Add	iress (P.O. Box Number is Not Acceptable)		-
CL	EARWATER FL 34624			<u> </u>			
			83	3			ļ
			84	City	F	85 Zip Code	\neg
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the abov	re-named cor	contains submits this statement for the purpose	e of changing its registers	ed l
office or r	egisterer agent, or both, in the State	I londa. Such change was	authorized b	y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registered	í
	im tamilitar witti, and tiqcept the obligat	10/15 dt Section 607.0505, FI	юппа Statute	os.			
SIGNATURE	Signature, typed openined name of registered agent	and little if approable (NO	11 Hogistered Ag	gent signature requ	ired when reinstating) DATI		٠.
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	ion Food
TITLE	PST	☐ DELETE	1.1 TITLE			Change Additi	ion S
NAME	ZUCCOLILLO, MICHAEL		1.2 NAME				[5
STREET ADDRESS	17928 US HIGHWAY 19 NO.		1	T ADDRESS			إزا
CITY-ST-ZIP	CLEARWATER FL VD	DELETE	1.4 CITY-	S1 - ZIP		Change Additi	<u></u>
TITLE NAME	ZUCCOLILLO, MICHAEL	LJ DEELIE.	2.1 TITLE 2.2 NAME			L) Change L) Audin	, in
STREET ADDRESS	17928 US HIGHWAY 19 NO.		•	1 ADDRESS			- 1
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY				- 1
TITLE		DELETE	3.1 111LE			Change Additi	ion
NAME			3 2 NAME	}			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. C(1Y-	· \$1 - ZIP			
TITLE		DELETE	4.1 TITLE		-	Change Additi	ion
NAME			4. 2 NAME	i			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		DELETE	44 CHY-	S1-ZIP		D Obassa D Additi	
TITLE		DETETE	5.1 TITLE			☐ Change ☐ Additi-	on
NAME ethest annocss			5.2 NAME				1
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	31-ZIr		Change Addition	on
NAME		<u> </u>	62 NAME	\		wordg . Land 1000th	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
	certify that the information supplied with	this fling does not qualify f			Section 119.07(3)(i), Florida Statutes, I further	certify that the informatio	n

officer or director of the corporation or the receiver of fusion and accurate and that my signature shall have the same logal effect as if made under oath; that I am ar officer or director of the corporation or the receiver of fusion appears in Block 12 or Block 13 if changed or of an attaching with an address.