

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005808 (1)

1. Corporation Name
MAZELCO, INC.



Principal Place of Business
8834 N. 56TH ST.
TAMPA FL 33617

Mailing Address
8834 N. 56TH ST.
TAMPA FL 33617-6200

3. Date Incorporated or Qualified 12/30/1993
3a. Date of Last Report 04/25/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3202795	Applied For Not Applicable
22. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. Zip	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FELKER, ALAN 4610 CHEVAL BLVD LUTZ FL 33549		10. Name and Address of New Registered Agent 81 Name FELKER, ALAN 82 Street Address (P.O. Box Number not Acceptable) 8834 N. 56th St 83 84 City TAMPA FL 85 Zip Code 33617	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME FELKER, VELA		1.2 NAME	
STREET ADDRESS 16503 VILLESPIAN COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		1.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME FELKER, JORDAN		2.2 NAME	
STREET ADDRESS 16503 VILLESPIAN COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		2.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME FELKER, HUDSON		3.2 NAME	
STREET ADDRESS 16503 VILLESPIAN COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		3.4 CITY-ST-ZIP	
TITLE PST	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME FELKER, ALAN R		4.2 NAME	
STREET ADDRESS 16503 VILLESPIAN COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048320

CR2E037 (9/96)