FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300005808

MAZELCO, INC.

Principal	Place	of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

8834 N. 56TH ST. **TAMPA FL 33617**

Mailing Address

8834 N. 56TH ST. **TAMPA FL 33617**

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90137 033 ****61.25

* 1 9 7 3 4 6 * 9 197346 - 90137 - 33

Applied For



3. Date incorporated or Qualifed

12/30/1993

4. FEI Number

2		27	-		59-3202795			Not	Applicable
City & Stat	City & State City & State				5. Certifcate of Sta		\$8.75 Additiona		
3 Zin	Country	Zip	Country		6 Startion Compa	ian Einannina		\$5.00 A	Any Ro
Zíp				6. Election Campaign Financing Trust Fund Contribution				Fees	
4	9. Name and Address of Currer		'		10. Name and Add		gistered A		
	Name and Address of Curter	It it office of the state of th	81	Name				<u> </u>	
EEL 4450			82						
FELKER, ALAN				Street Addi	ress (P.O. Box Number	is Not Acceptabl	10)		
8834 N 56TH ST				83					
tampa fl	_ 33617								
			84	City			FL	85 Zip Ci	ode
44 D	to the provisions of Sections 617.050	22 and 617 1508 Florida Statutes	the above	a-named com	poration submits this sta	tement for the p	urpose of ch	nanging its r	egistered
office or r	egistered agent or both in the State	of Florida. Such change was autho	onzed by	the corporati	on's board of directors.	I hereby accept	the appoint	ment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 517.0503, Florida	Statutes	(A /	FILKER	ores	2	35-9	P
SIGNATURE	Mulicale	Pres. F	10H1		ed when reinstating)	rices	DATE	<u>~} </u>	
12.		ont and the frapplicable. (NOTE: Reg ND DIRECTORS	13.	ir signature require	ADDITIONS/CHA	NGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	FELKER, VELA		1.2 NAME	}					
	AND AND ECONOL COLUMN		1.3 STREET	ADDESS					
STREET ADDRESS	T -		1.4 CITY-S						
CITY-ST-ZIP	TAMPA FL 33613	☐ DELETE	2.1 TITLE	1-211				Change	Addition
TITLE	D IODDAN	- Deceme		1					_
NAME	FELKER, JORDAN		2.2 NAME						
STREET ADDRESS	16503 VILLESPIN COURT		2.3 STREET						
CITY-ST-ZIP	TAMPA FL 33613		2. 4 CITY-S	ST-ZIP		-		☐ Change	☐ Addition
TITLE	D	☐ DELETE	3.1 TITLE	[
NAME	FELKER, HUDSON		3.2 NAME			•			
STREET ADDRESS	16503 VILLESPIN COURT			TADDRESS					
CITY-ST-ZIP	TAMPA FL 33613		3.4. CITY-S	T-ZIP				Change	☐ Addition
TITLE	PST	☐ DELETE	4.1 TITLE					□ Change	
NAME	FELKER, ALAN R	,	4.2 NAME	ļ					
STREET ADDRESS	16503 VILLESPIN COURT		4.3 STREE	TADORESS				•	
CITY-ST-ZIP	TAMPA FL 33613		4.4 CITY-S	T-ZIP					F 4.400
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS	}		5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby	certify that the information supplied w	ith this filing does not qualify for the	e exempti	ion stated in	Section 119.07(3)(i), Flo	orida Statutes. I f	further certif	y that the in	formation

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attackment with an address, with all other like empowered.

SIGNATURE: