FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:19

DOCUMENT # 388446 (7)

1. Corporation Name
MASS MOTIVATORS, INC.

Principal Place of Business	Mailing Address
7145 S.W. 95TH ST. P.O.BOX 1027 MIAMI FL 33156	7145 S.W. 95TH ST. P.O.BOX 1027 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1360976 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PADULA, MICHAEL J. 1177 S.E. THIRD AVE. FT. LAUDERDALE FL 33316	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, TED	1.2 NAME		
STREET ADDRESS	7145 S.W. 95TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	SDV	2.1 TITLE	SDV	☒ Change ☐ Addition
NAME	CARLON,LEE	2.2 NAME	CARLON,LEE	
STREET ADDRESS	7145 SW 95 STREET	2.3 STREET ADDRESS	12616 Pembroke Circle	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Carmel,Ind. 46032	
TITLE	TDV	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLON TED, JR.	3.2 NAME		
STREET ADDRESS	7145 S.W. 95TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CARLON, JERRY	4.2 NAME	CARLON,JERRY	
STREET ADDRESS	7145 S.W. 95TH ST.	4.3 STREET ADDRESS	6182 Stonepath Circle	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Centerville,Va 22020	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, CHARLES	5.2 NAME		
STREET ADDRESS	11350 S.W. 122TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, CHRIS L	6.2 NAME		
STREET ADDRESS	7358 ST LUCIA CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MANASSAS VA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ted Carlon TED CARLON (305)661-5552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0160782 CP