

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qual Fed
09/16/1971

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PADULA, MICHAEL J.
1177 S.E. THIRD AVE.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

Signature type for procedure name of registered agent and title (if applicable)

(If "Other" Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CARLON, TED
STREET ADDRESS 7145 S.W. 95TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SDV
NAME CARLON, LEE
STREET ADDRESS 12616 PEMBROKE CIRCLE
CITY-ST-ZIP CARMEL IN

☐ DELETE

TITLE TDV
NAME CARLON TED, JR.
STREET ADDRESS 7145 S.W. 95TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME CARLON, JERRY
STREET ADDRESS 6182 STONEPATH CIRCLE
CITY-ST-ZIP CENTERVILLE VA

☐ DELETE

TITLE VD
NAME CARLON, CHARLES
STREET ADDRESS 11350 S.W. 122TH STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME CARLON, CHRIS L
STREET ADDRESS 7358 ST LUCIA CT
CITY-ST-ZIP MANASSAS VA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Red Carlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

8/3/96 (305)-661-5552

Date

Phone Number

CR2E034 (3/96)