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FILED

May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 388446

(7)

1. Corporation Name

MASS MOTIVATORS, INC.

Principal Place of Business

7145 S.W. 95TH ST.
P.O. BOX 1027
MIAMI FL 33156

Mailing Address

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

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE SDV ☐ DELETE
NAME CARLON, LEE
STREET ADDRESS 12616 PEMBROKE CIRCLE
CITY-ST-ZIP MIAMI FL

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

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

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

TITLE VD ☐ DELETE
NAME CARLON, JERRY
STREET ADDRESS 7145 S.W. 95TH ST.
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD CARLON JERRY
4.3 STREET ADDRESS 1436 WYN COVE DR
4.4 CITY-ST-ZIP VERO BEACH, FL 32963

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

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

TITLE VD ☐ DELETE
NAME CARLON, CHRIS L
STREET ADDRESS 4631 E. VIOLA DR.
CITY-ST-ZIP MOORESVILLE IN

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME VD CARLON CHRIS L.
6.3 STREET ADDRESS 4631 E. VIOLA DR.
6.4 CITY-ST-ZIP MOORESVILLE IN

14. I 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 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:

CR2E034 (10/97)