

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **675688** (6)  
1. Corporation Name  
**MEGASPROUT INC.**



Principal Place of Business Mailing Address  
**2221B S.W. 60TH WAY  
MIRAMAR FL 33023**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **06/10/1980** 3a. Date of Last Report **01/17/1995**  
4. FEI Number **59-1855239** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUNN, STEVE  
7808 MIRAMAR BLVD  
MIRAMAR FL 33023**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person submitting this report (not a Director) (Not Required)

Signature of Registered Agent (Required When Not Filing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME **VD**  
12.2 STREET ADDRESS **MABRY, GERALD**  
12.3 CITY, STATE, ZIP **2612 GULFSTREAM DR.**  
12.4 NAME **PD**  
12.5 STREET ADDRESS **DUNN, STEVE**  
12.6 CITY, STATE, ZIP **7808 MIRAMAR BLVD**  
12.7 NAME **PD**  
12.8 STREET ADDRESS **MIRAMAR FL**  
12.9 CITY, STATE, ZIP  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY, STATE, ZIP  
12.13 NAME  
12.14 STREET ADDRESS  
12.15 CITY, STATE, ZIP  
12.16 NAME  
12.17 STREET ADDRESS  
12.18 CITY, STATE, ZIP  
12.19 NAME  
12.20 STREET ADDRESS  
12.21 CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME  
13.2 STREET ADDRESS ☐ Change ☐ Addition  
13.3 CITY, STATE, ZIP  
13.4 NAME ☐ Change ☐ Addition  
13.5 STREET ADDRESS  
13.6 CITY, STATE, ZIP ☐ Change ☐ Addition  
13.7 NAME  
13.8 STREET ADDRESS ☐ Change ☐ Addition  
13.9 CITY, STATE, ZIP  
13.10 NAME  
13.11 STREET ADDRESS ☐ Change ☐ Addition  
13.12 CITY, STATE, ZIP  
13.13 NAME  
13.14 STREET ADDRESS ☐ Change ☐ Addition  
13.15 CITY, STATE, ZIP  
13.16 NAME  
13.17 STREET ADDRESS  
13.18 CITY, STATE, ZIP  
13.19 NAME  
13.20 STREET ADDRESS  
13.21 CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 or person authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steve Dunn* **STEVE DUNN**

**2/16/96** **305 987 3096**

CR2E034 (12/95)