

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 # **H93119** (6)

1. Corporation Name
MELA, INC.



Principal Place of Business: **% ARTHUR A. BRANELLA, 453 NORTH LONGWOOD CIRCLE, LONGWOOD FL 32750**
Mailing Address: **% ARTHUR A. BRANELLA, 453 NORTH LONGWOOD CIRCLE, LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **01/07/1986**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2622566**
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

2. Principal Place of Business (21-24):
2a. Mailing Address (26-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: **BARNELLA, ARTHUR A., 453 LONGWOOD CIR, LONGWOOD FL 32750**
10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, State (FL), 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 the corporation. (Date of Registration Agent Signature Required when Re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?		
TITLE	PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANELLA, ARTHUR, JR.		1.2 NAME	Arthur A Branella	
STREET ADDRESS	453 LONGWOOD CIR		1.3 STREET ADDRESS	453 Longwood Cir.	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, Fl. 32750	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	Barbara A. Branella	
STREET ADDRESS			2.3 STREET ADDRESS	453 Longwood Cir.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Longwood, Fl. 32750	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur A Branella 5/15/96 339-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)