FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J12191

(9)

MAV BELIEVER, INC.

Principal Place of Business Mailing Address

2625 \$. 22ND ST. CAUSEWAY BLVD P.O. BOX 5596 TAMPA FL 33675

2. Principal Place of Business

Suite, Apt. #, etc.

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2625 S. 22ND ST. CAUSEWAY BLVD. P.O. BOX 5596 **TAMPA FL 33675**

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED

Feb 16 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1986 4, FEI Number Applied For 59-2675094 Not Applicable \$8.75 Additional

Fee Required

Zip Code

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5. Certificate of Status Desired

27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIPS, GEORGE 8001 N. DALE MABRY 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33688** 83

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 registion diagrant and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE THOMPSON, OSCAR 1.2 NAME NAME **801 JULIE LANE** 1.3 STREET ADORESS STREET ADDRESS **BRANDON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE STD THOMPSON, BOBBIE NAME 2.2 NAME **601 JULIE LANE** 2.3 STREET ADDRESS STREET ADORESS **BRANDON FL** 2.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE PHILLIPS, GEORGE 3.2 NAME 8001 N. DALE MABRY 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-\$1-2IP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 of 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 chapter 507.