

**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 # K7 9948 (1)**  
1. Corporation Name  
**MZM OF DESOTO, INC.**

Principal Place of Business  
**14498 S. TAMiami TRAIL  
FORT MYERS FL 33912**

3. Date Incorporated or Qualified **4/13/89** 3a. Date of Last Report **4/30/95**

2. Principal Place of Business  
**21 14498 S. TAMiami TRAIL**

4. FEI Number **65-0114925**

2a. Mailing Address **PO BOX 07430**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. City & State **FT MYERS, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip **33912** 25. Country **USA**

9. Name and Address of Current Registered Agent  
**PETER DORAGLI**

10. Name and Address of New Registered Agent  
**Property Exchange Network, Inc.**  
Street Address (P.O. Box Number is Not Acceptable) **14498 S. TAMiami TRAIL**  
City **FT MYERS** FL Zip Code **33912**

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 officer 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 **NATHAN MOLDOVSKY PRES** DATE **4/26/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRES</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID CASTERIOTO</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.PRES</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETER DORAGLI</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D/V.P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAL J. BURE</b>	
1.3 STREET ADDRESS	<b>14498 S. TAMiami TRAIL</b>	
1.4 CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
2.1 TITLE	<b>D/P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NATHAN MOLDOVSKY</b>	
2.3 STREET ADDRESS	<b>14498 S. TAMiami TRAIL</b>	
2.4 CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>200001808462</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>-05/06/96--01021--016</b>	
4.3 STREET ADDRESS	<b>***200.00</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 removed, in accordance with an address.

SIGNATURE: **NATHAN MOLDOVSKY V.PRES** DATE **4/26/96** (941) 481-1800

CR2E034 (12/95)