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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

ANNUAL REPORT Secretary of State  1996  Division of Componations									•
DOCUM 1. Corporation !	MENT # <b>P9300</b>	00009430 (8	3)		- A 1987-				
MBJ IN	TERNATIONAL INC.					s sentings tig to sail this data data	. 88111 EE111 BE118 1	81() <b>8(888</b> F	łau <b>ad</b> ai 1 <b>84</b> 1
Principal Place of Business Mailing Address						1 14811081 14 18188 11(1) 8E(15 AB)-1		)   <b>              </b>	)( <b>)()                                 </b>
10801 STARKI UNIT 104	EY RD.	10801 STARKEY RD. UNIT 104							
LARGO FL 34647 US		LARGO FL 34647 US				3. Date incorporated or Qualified	3a. Date of		
• Dississing	of D. cincon	2a. Mailing Address				02/09/1993 4. FEI Number	05/0	1/1995	plied For
2. Principal Plac	DE OT BUSINESS	26 Planning Aciditiess				59-3164283		No	t Applicable
Suite. Apt. #	, etc.	Suit∋, Apt. #, etc.				5. Certificate of Status Desired	_ \$	<b>8.75</b> A Fee Re	
City & State		Oity & State				6. Election Campaign Financing		\$5.00	<u> </u>
23		28				Trust Fund Contribution		Added to	
Zip <b>24</b>	Country 25	Ζ <sub>I</sub> ρ <b>29</b>	Z <sub>IP</sub> Country 29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No			
24	9. Name and Address of Curre			1		10. Name and Address of New F	legistered Age	ent	
				81	Name				
MAZZOL			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
10801 S UNIT 103	Tarkey RD		83						
LARGO FL 34647				84	Cab			35 Zip C	Code
							- L		
11. Pursuant to	the provisions of Sections 607.050	02 and 607,1508. Florida Statu	tes, the at: zed by the	ove-r	named corpo oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changi jointment as rec	ng its reg jistered a	jistered office gent. I am
familiar with	i, and accept the obligations of, Sec	ction 607 0505, Florida Statute	s			4	Make		
SIGNATURE	Transe by the Out of hard 6 of registers in a few	of and the mapping of	≠ Œtt. Begjeden	at Ages	1 sign af vie feigher	in in the presentating.	ZZZZ		
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE C				1 1 111(f			U,	Change	Addition
NAME	MAZZOLA, JOHN 10801 STARKEY RD., #104		1	NAME CTUEET	I ADORESS				
STREET ADDRESS CHTY-ST-ZIP	LARGO FL		1,4 Cily - \$1 - ZiF						
TITLE	D DELETE			TITLE				Change	Addition
NAME	MAZZOLA, JOAN		2.2 NAME						
STREET ADDRESS	10801 STARKEY RD.#104				FADDRESS				
CITY-S1-ZIP	LARGO FL	DELETE			SI - Z <sub>1</sub> P			Change	Addition
TITLE NAME				NAME				-	
STREET ADDRESS			33	STHEE	T ADDRESS				
C(TY - ST - Z(P			3 4	CITY	ST ZIP				
TITLE		DELETE		TITLE				Change	Add tion
NAME				NAME					
STREET ADDRESS CITY+ST-ZIP	•				LADDPESS ST-ZIP				
THILE		DELETE		TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREE	LADDFESS				
CITY-SE-ZIP		ET OCLUS			S1 - 7IP			Change	☐ Addition
TITLE		☐ DELETE	•	HULLE NAME			LJ	onange	LJ Addition
NAME PERCET ADDRESS				NAME STREE	T ADDRESS				
STREET ADDRESS			0.3	JIMEE	or an				

64 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)(4). 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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