

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

MAY 13 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045872 (7)**
1. Corporation Name
MAZUK, INC.

Principal Place of Business: **1806 ELAINE DR CLEARWATER FL 34620 US**
Mailing Address: **1806 ELAINE DR CLEARWATER FL 34620 US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1993**
3a. Date of Last Report: **03/11/1994**
4. FFI Number: **59-3191638**
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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MURPHY, SCOTT
1806 ELAINE DR
CLEARWATER FL 34620**

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 607.01(2)(c) and 607.1906, 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 607.01(2)(c), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PVSD
2. NAME	MURPHY, SCOTT
3. STREET ADDRESS	1806 ELAINE DR
4. CITY, STATE	CLEARWATER FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this report is true, correct, complete and accurate and that I am duly qualified to file this report. I further certify that the information included in this annual report is a true and correct statement of the financial condition of the corporation as of the date of the report 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 have the authority or power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report as an officer or director with an address.

SIGNATURE: **Scott Murphy** 3/23/95 8:35 324056
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT (NAME OF CURRENT REGISTERED AGENT)