

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Telephone: 904-412-1000
Fax: 904-412-1001

APPROVED
AND
FILED

MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076390 (2)

A. Corporation Name

MEZ BROKERAGE, INC.

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 11/04/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0446996	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
8. This corporation has liability for intangible tax under Section 197.03, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc. 22. City & State 23. Zip	26. State, Apt. #, etc. 27. City & State 28. Zip
24. Latitude	25. Longitude
29. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

DELLON, BARBARA
7256 FAIRFAX DR. BLDG #B
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81. Name MARVIN HART	82. Street Address (P.O. Box Number is Not Acceptable) 7256 FAIRFAX DR. 'B'	83. City TAMARAC FL	84. Zip Code 33321
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11. Pursuant to the provisions of Sections 607.05(1)(2) and 607.15(8), 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 obligation of, Section 607.05(1)(2), Florida Statutes.

SIGNATURE:

Signature of Agent or Director or Officer or Shareholder or Owner

Signature of Registered Agent or Agent in Charge of Registered Agent

Marvin Hart

5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	1. NAME DELLON, BARBARA	1. TITLE ☐ Change ☐ Addition	
2. STREET ADDRESS 7256 FAIRFAX DR. B	2. NAME	2. TITLE ☐ Change ☐ Addition	
3. CITY, ST., ZIP TAMARAC FL	3. STREET ADDRESS 7256 FAIRFAX DR. B	3. TITLE ☐ Change ☐ Addition	
4. TITLE PRESIDENT	4. NAME	4. TITLE ☐ Change ☐ Addition	
5. STREET ADDRESS MARVIN HART	5. NAME	5. TITLE ☐ Change ☐ Addition	
6. CITY, ST., ZIP 7256 FAIRFAX DR. B	6. STREET ADDRESS TAMARAC FL 33321	6. TITLE ☐ Change ☐ Addition	
7. TITLE VICE PRESIDENT	7. NAME	7. TITLE ☐ Change ☐ Addition	
8. STREET ADDRESS MORTON SCHORR	8. NAME	8. TITLE ☐ Change ☐ Addition	
9. CITY, ST., ZIP 7256 FAIRFAX DR. B	9. STREET ADDRESS TAMARAC FL 33321	9. TITLE ☐ Change ☐ Addition	
10. TITLE	10. NAME	10. TITLE ☐ Change ☐ Addition	
11. STREET ADDRESS	11. NAME	11. TITLE ☐ Change ☐ Addition	
12. CITY, ST., ZIP	12. STREET ADDRESS	12. TITLE ☐ Change ☐ Addition	
13. TITLE	13. NAME	13. TITLE ☐ Change ☐ Addition	
14. STREET ADDRESS	14. NAME	14. TITLE ☐ Change ☐ Addition	
15. CITY, ST., ZIP	15. STREET ADDRESS	15. TITLE ☐ Change ☐ Addition	
16. TITLE	16. NAME	16. TITLE ☐ Change ☐ Addition	
17. STREET ADDRESS	17. NAME	17. TITLE ☐ Change ☐ Addition	
18. CITY, ST., ZIP	18. STREET ADDRESS	18. TITLE ☐ Change ☐ Addition	

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)(b), Florida Statutes. I further certify that the information indicated in 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 owner of the corporation or have the right to exercise the 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:

Marvin Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

720-9625