

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

1

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -2 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

P94000062603

W98-10448

Mayer Enterprises, Inc.

Principal Place of Business

Mailing Address

32884 U.S. Hwy. 19
Palm Harbor, FL 34684
US

101 Bayview Blvd.
Oldsmar, FL 34677
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

59-3315176

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

Joyce M. Sanders
2715 Montague Ct. E.
Clearwater, FL 33761

300002553565-4
05/09/98-01103-010
****315.00 ****315.00

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 *Jason L. Sanders*

(NOTE: Registered Agent signature required when reinstating)

5/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	P
STREET ADDRESS	Sanders, Jason L.
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	ST
STREET ADDRESS	Sanders, Jaime L.
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8804 Chesterton Place
1.4 CITY - ST - ZIP	Tampa, FL 33635
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1695 E. Orangecrest Ave.
2.4 CITY - ST - ZIP	Palm Harbor, FL 34683
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 hereby 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 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: *Jason L. Sanders*

4-21-98

813-855-4565

CR2E034 (10/97)

2

MAYER ENTERPRISES, INC.
101 Bayview Blvd.
Oldsmar, FL 34677

May 13, 1998

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

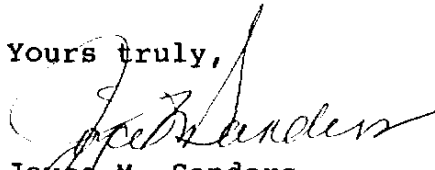
The Florida Department of State failed to mail (and we did not receive) the forms for us to file the Profit Corporation Annual Report for the years 1997 and 1998. As soon as I realized that this had occurred, I obtained a copy of that form from our accountant and promptly filed for 1998.

I am in receipt of your letter #998A00025438 and have called the Department of Reinstatement. I was advised by Tyrone to request that the reinstatement fees be waived.

Please find enclosed, my 1998 form, a check for \$315.00 to reinstate Mayer Enterprises, Inc. for 1997 and 1998, and a copy of your letter.

Thank you for your prompt attention in this matter.

Yours truly,



Joyce M. Sanders
Registered Agent