

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 21 1997 8:00am  
Secretary of State

DOCUMENT # P94000090990 (0)

Corporation Name  
G. MAYZELL, INC.

Principal Place of Business  
EAST MONTEGO BAY BLVD.  
BOCA RATON FL 33433

Mailing Address  
6712 EAST MONTEGO BAY BLVD.  
BOCA RATON FL 33433-4020



3. Date Incorporated or Qualified 12/15/1994	3a. Date of Last Report 03/27/1996
4. FEI Number 65-0548847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent MAYZELL, GERRY M 6712 EAST MONTEGO BAY BLVD. BOCA RATON FL 33433	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
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	6712 EAST MONTEGO BAY BLVD.	13. STREET ADDRESS	14. CITY - ST - ZIP
CITY - ST - ZIP	BOCA RATON FL 33433	21. TITLE	22. NAME
TITLE	NAME	23. STREET ADDRESS	24. CITY - ST - ZIP
STREET ADDRESS	6712 EAST MONTEGO BAY BLVD.	31. TITLE	32. NAME
CITY - ST - ZIP	BOCA RATON FL 33433	33. STREET ADDRESS	34. CITY - ST - ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS		43. STREET ADDRESS	44. CITY - ST - ZIP
CITY - ST - ZIP		51. TITLE	52. NAME
TITLE	NAME	53. STREET ADDRESS	54. CITY - ST - ZIP
STREET ADDRESS		61. TITLE	62. NAME
CITY - ST - ZIP		63. STREET ADDRESS	64. CITY - ST - ZIP

14. I do 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 \_\_\_\_\_

CR2E034 (9/96)