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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # <b>P9500007603 (0)</b>									
MAZELLE ENTERTAINMENT. INC.									
Principal Place	of Business	Mailing Address	Mailing Address			I IOONOON IN IOONOONNA OONA OONA			i <b>di</b> ila ilii ile
5144 CENTRAL AVENUE ST. PETERSBURG FL 33707		POST OFFICE BOX 410	POST OFFICE BOX 41000 ST. PETERSBURG FL 33743						
• • • • • • • • • • • • • • • • • • • •						Date Incorporated or Qualified     01/25/1995	3a. Dat	te of Last F	Report
<del></del> i	ace of Business	2a, Mailing Address	<u> </u>			4. FEI Number	-4		Applied For
21 Suite Ant	t1_	26							Not Applicable
Suite, Apt. :		Suite, Apt #, etc. 27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	¬ '			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	25 29 30			ntry	try 8. This corporation has liability for intangible tax under Florida Statutes				199.032,
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	
				81	Name				
	ON, DAVID A		1	82	Street Addre	tress (P.O. Box Number is Not Acceptable)			
	ntral avenue Ersburg fl 33707		83						
31. FEID	HOBUNG PL 33/0/			53					
					Orty		FL	11	ip Code
<ol> <li>Pursuant t or registeri familiar wit</li> </ol>	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	and 607.1508, Florida Statut da. Such change was authoriz on 607.0505, Florida Statutes	es, the above ed by the co s.	e-na orpor	amed corpora ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of ch pintment a:	anging its s registered	registered office d agent. I am
SIGNATURE									
	Signature, typed or printed han ellot registered agent			igent s	Suprature required		DA1t.		
12. TITLE	P/S/T/D OFFICERS AND	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFI			
NAME	Larry A. Franklin		ELETE 1. 1 TILE 1.2 NAME				1	☐ Change	☐ Addition
STREET ADDRESS   8360 144th Lane N.									
CHTY-ST-ZIP	Seminole, FL 34646			1.3 STREET ADDRESS 1.4 CHY+S1-ZIP					
THILE	DELETE		2 1 111		· ZIF		<del></del> !	Change	Addition
NAME			2.2 NAME				•		L Massessi
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY	2.4 CITY - ST - ZIP					ĺ
TITLE		☐ DELETE	3 1 1/1	LF				Change	Addition
NAME			3 2 NAM	3.2 NAME					
STREET ADDRESS			33 SIR	HEET A	ADDRESS				
C(TY - ST - ZIP				v - S1 -	- ŽIP				
TITLE		DELETE	4 1 TITL				ı	☐ Change	☐ Addition
NAME			4.2 NAM						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY		-Z1P			Chanca	Addition
NAME		LJ beere	5 1 TITL 5 2 NAM				ı	☐ Change	☐ Addition
STREET ADDRESS			5.2 NAW		.nnpagg				
CITY-ST-ZIP			5 4 CiTY		i				
THLE	DELETE 6				411			Change	Addition
NAME			6.2 NAM	/E				•	
STREET ADDRESS			G 3 STRE	18 133	DORESS				
CITY-ST-ZIP			6 4 CITY	/-SI-	· 21P				
14. I do hereby	y certify that the information supplied v	vith this filing is voluntarily furn	ished and do	oes r	not qualify for	r the exemption stated in Section 119.0	07(3)(k), Flo	orida Statu	tes. 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 TO BE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

813-301-3660 Daytme Phone #