

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 # P95000040070 (1)

1. Corporation Name

MOJO RISING, INC.



Principal Place of Business

Mailing Address

442 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33606

442 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33606

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 238 E. DAVIS BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 TAMPA, FL

City & State

28

Zip

24 33606

Country

25 HUSBAND

Zip

29

Country

30

4. FEI Number

59-3321850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLITZ, FERENC

442 WEST KENNEDY BLVD., SUITE 250
TAMPA FL 33606

81 Name

BLITZ, MARYANN FERENC

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

VP S

☐ Change

☒ Addition

2. 2 NAME

BLITZ, MARTIN R.

3. 3 STREET ADDRESS

1205 E. POW HATTAN AVE.

4. 4 CITY-ST-ZIP

TAMPA, FL 33606

5. 5 TITLE

P, T

☐ Change

☒ Addition

6. 6 NAME

BLITZ, MARYANN FERENC

7. 7 STREET ADDRESS

1205 E. POW HATTAN AVE.

8. 8 CITY-ST-ZIP

TAMPA, FL 33606

9. 9 TITLE

☐ Change

☐ Addition

10. 10 NAME

11. 11 STREET ADDRESS

12. 12 CITY-ST-ZIP

13. 13 TITLE

☐ Change

☐ Addition

14. 14 NAME

15. 15 STREET ADDRESS

16. 16 CITY-ST-ZIP

17. 17 TITLE

☐ Change

☐ Addition

18. 18 NAME

19. 19 STREET ADDRESS

20. 20 CITY-ST-ZIP

21. 21 TITLE

☐ Change

☐ Addition

22. 22 NAME

23. 23 STREET ADDRESS

24. 24 CITY-ST-ZIP

25. 25 TITLE

☐ Change

☐ Addition

26. 26 NAME

27. 27 STREET ADDRESS

28. 28 CITY-ST-ZIP

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)(k), 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: *Maryann Ferenc* President 4/26/96 (813) 254-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)