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FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000092896
1. Corporation Name

(1)

N/V MOJO INC

Principal Place of Business
3885 N. PALAFOX ST.
P.O. BOX 2698
PENSACOLA FL 32505

Mailing Address
3885 N. PALAFOX ST.
P.O. BOX 2698
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1995

4. FEI Number
69-3350835

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Persons: Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GOLDSTEIN, GERALD R.
3885 N. PALAFOX ST.
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers 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 Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

DATE: 5/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GOLDSTEIN, GERALD R.
3885 N. PALAFOX ST.
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VDC
GOLDSTEIN, GERALD R.
3885 N. PALAFOX STREET
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

300002550969
-06/08/98--01057--011
\$\$\$150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 person or persons authorized to prepare 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 my address.

SIGNATURE:

[Signature]