## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

97 AUG -8 PH 12: 46



SECRETARY OF STATE TALLAHASSEE, FLORIDA P96000075036 (9) DOCUMENT # MAZEL TOV ENTERPRISES, INC. Mailing Address Principal Place of Business 215 JACARANDA DR 215 JACARANDA DR PLANTATION FL 33324 **PLANTATION FL 33324** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1996 cipal Piece of Business Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SIVERIO, E 81 Name 7179 PEMBROKE RD 82 PEMBROKE PINES FL 33023 83 84 City 11. Pursuant to the previsions 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 friorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familial with and accept the obligations of Sections 607,0505, Florida Statutes. SIGNATURE printed name of registe (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP TITLE DELETE 1.1 TITLE Change Addition SCHACHTMAN, ROBERT E NAME 200002265912--0 1.2 NAME 215 JACARANDA DR -03/13/97--01079--003 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP \*\*\*\*165.00 \*\*\*\*165.00 1.4 CITY-S1-ZIP DELETE TITLE 2.1 TITLE Change ■ Addition SCHACHTMAN, RHODA NAME 2.2 NAME 215 JACARANDA DR STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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

4)6/97 and it will all be take