

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059053 (3)
 1. Corporation Name
MEGA MARKETING INTERNATIONAL, INC.



Principal Place of Business 3400 S. TAMiami TRI. STE. 303 SARASOTA FL 34239	Mailing Address 3400 S. TAMiami TRI. STE. 303 SARASOTA FL 34239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4638 S.E. 20th Place Suite, Apt. #, etc.		2a. Mailing Address 26 6371-4 Presidential Ct. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/08/1997	
22 City & State 23 Cape Coral FL		27 City & State 28 Fort Myers FL		4. FEI Number 65-0765833 Applied For Not Applicable	
24 Zip 33904		29 Zip 33919		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
JAENSCH, P. C
3400 S. TAMiami TRI. STE. 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent
 81 Name **Andrew G. Jessen**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **6371-4 Presidential Ct.**
 84 City **Fort Myers** **FL** 85 Zip Code **33919**

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 **Andrew G. Jessen** **Andrew G. Jessen** **4/20/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/>
NAME	MUELLER, HELMUT	
STREET ADDRESS	4838 S.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information furnished 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 filing 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 in an attachment with an address.

SIGNATURE **Helmuth Mueller** **4/20/98**

CR2E034 (10/97)