

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90008 020 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000026836**

1. Corporation Name  
**MAZEL 'A & B, INC.**

587942 - 90008 - 20



Principal Place of Business Mailing Address  
 1755 N. UNIVERSITY DR. 1755 N. UNIVERSITY DR.  
 PLANTATION FL 33322 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/20/1998**

4. FEI Number **650823851** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  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 Country 28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**STERN, ALANA**  
 1755 N. UNIVERSITY DR.  
 PLANTATION FL 33322

**10. Name and Address of New Registered Agent**

81 Name

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STERN, ALANA</b>
STREET ADDRESS	<b>1755 N. UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

14. I 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.

SIGNATURE: *Alana Stern* **ALANA STERN** 7/1/99 (954) 475-0606

CR2E034 (5/99)

58 1742 40008 -20,  
998000226836

July 1<sup>st</sup>, 1999

Florida Dept. Of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern,

I am writing this letter as per my conversation with one of the reps I spoke with regarding this second notice. I never received a first notice. I was completely unaware of when, where or how any filings were to be done. I am a brand new corporation formed in March, 1998. I have always completed, mailed, paid any and all forms that I have received from Workman's Comp., Employee filings, licenses, which are numerous. I have never been late on anything pertaining to my business. I have tried so hard as a new business owner to do everything right. I NEVER, NEVER, received a 1<sup>st</sup>. filing.

I respectfully ask that the \$400.00 late fee be waived. I now know when the filing is due and promise I will never be late. As a small business, I am trying to do everything on my own. Please understand, I would not of been late if I had received the 1<sup>st</sup>. notice.

I have enclosed my check in the amount of \$150.00.

Thank you so much.

Sincerely yours,

Alana Stern

Mazel A & B, Inc.

1755 N. University Drive  
Plantation, Fl. 33322

Telephone # (954) 475-0606

#650823851