

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, ALANA	1.2. NAME	
STREET ADDRESS	1755 N. UNIVERSITY DR.	1.3. STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY-ST-ZIP		2.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-ST-ZIP		5.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		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,
P98000226836

July 1st, 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 1st. 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 1st. 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