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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # DOCOCOCO

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90075 037 ***150.00

MAZEL 1	n Name TOV, INC.	0090299					
Principal Place	e of Business	Mailing Address			1 (00)(199) (40)B(0) (0)(1 sam obtin conti con		
7736 MILLHOPPER ROAD 7736 MILLHOPPER ROAD							
GAINESVILLE FL 32653 GAINESVILLE FL 32653					DO NOT WRITE IN TH	IS SDACE	
	-				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	 -
					11/12/1998		
2 Principal Di	loan of Puninger	2a. Mailing Address			4. FEI Number	N Ani	plied For
				4. (2. (1. (1. (1. (1. (1. (1. (1		Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75 A	
22	.,, 0.05	27			5. Certificate of Status Desired	Fee Re	
City & State	e	City & State		··· <u></u>	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year I	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
	LAND, WAYNE D		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
7736 MILLHOPPER ROAD			ļ				
GAIN	iesville fl 32653		83	i			
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute)) '		F		
SIGNATURE	m familiar with, and accept the obligation of th	·		nt signature require	ad when reinstation) DATE		
12.						AND DIRECTO	RS IN 12
TOTAL F		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		13. 1.1 TITLE			AND DIRECTO	RS IN 12
NAME	D HOLLAND, WAYNE D	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS			
NAME STREET ADDRESS	D HOLLAND, WAYNE D 7736 MILLHOPPER ROAD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS			
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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 edgraps, with all other like empowered.

SIGNATURE: