

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 FEB 20 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 240012 (5)**

1. Corporation Name  
**MASTER INVESTMENT CORPORATION**

Principal Place of Business Mailing Address  
**3675 NANCY CREEK RD  
% JERRY GOLDWASSER  
ATLANTA GA 30327**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/23/1960** 3a. Date of Last Report **02/14/1994**  
4. FEI Number **59-0945110** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution   
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  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 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**GOLDWASSER, JERRY  
3675 NANCY CREEK RD  
ATLANTA GA 30327**

10. Name and Address of New Registered Agent  
81 Name **MICHAEL HELD**  
82 Street Address (P.O. Box Number is Not Acceptable) **2400 MAGNOLIA**  
83 **KEYSTONE POINT**  
84 City **MIAMI** FL 85 Zip Code **33101**

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 **MICHAEL HELD SD** DATE **2-13-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GOLDWASSER, JERRY</b>
STREET ADDRESS	<b>3675 NANCY CREEK DR.</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>VD</b>
NAME	<b>HELD, SIGMUND I</b>
STREET ADDRESS	<b>744 GREELY DR.</b>
CITY - ST - ZIP	<b>NASHVILLE TN</b>
TITLE	<b>SD</b>
NAME	<b>HELD, MICHAEL</b>
STREET ADDRESS	<b>4105 IOWA ST</b>
CITY - ST - ZIP	<b>SAN DIEGO CA</b>
TITLE	<b>D</b>
NAME	<b>GOLDWASSER, DAN</b>
STREET ADDRESS	<b>8 MURRAY HILL ROAD</b>
CITY - ST - ZIP	<b>SCARSDALE NY</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3675 NANCY CREEK ROAD</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD MICHAEL HELD</b>
3.3 STREET ADDRESS	<b>2400 MAGNOLIA</b>
3.4 CITY - ST - ZIP	<b>MIAMI, FL 33101</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>30000 1410373</b>
4.4 CITY - ST - ZIP	<b>-02/20/95--01061--008 ****200.00 ****200.00</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addendum.

SIGNATURE **Jerry Goldwasser** DATE **2-13-95 (401) 261-3195**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**