

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 240012 (5)

1. Corporation Name

MASTER INVESTMENT CORPORATION



Principal Place of Business

3675 NANCY CREEK RD
% JERRY GOLDWASSER
ATLANTA GA 30327

Mailing Address

3675 NANCY CREEK RD
% JERRY GOLDWASSER
ATLANTA GA 30327

3. Date Incorporated or Qualified
08/23/1960

3a. Date of Last Report
02/20/1995

4. FET Number
59-0945110

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HELD, MICHAEL
2400 MAGNOLIA
KEYSTONE POINT
MIAMI FL 33181

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 607.0602 and 607.1502, 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 of registered agent or authorized officer of the corporation

Signature of the filer or the filer's authorized representative

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDWASSER, JERRY	
STREET ADDRESS	3675 NANCY CREEK ROAD	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HELD, SIGMUND I	
STREET ADDRESS	744 GREELY DR.	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELD, MICHAEL	
STREET ADDRESS	2400 MAGNOLIA	
CITY-STATE-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDWASSER, DAN	
STREET ADDRESS	8 MURRAY HILL ROAD	
CITY-STATE-ZIP	SCARSDALE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 119.07(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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry Goldwasser
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 409-239-9544
Date Printed

CR2E034 (12/95)