

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
S. J. P. MORAN  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F32362 (8)**

1. Corporation Name

**MAS ENTERPRISES OF FT. LAUDERDALE, INC.**



Principal Place of Business

419 CARMEN ST.  
P.O. BOX 3637  
JACKSONVILLE FL 32206

Mailing Address

419 CARMEN ST.  
P.O. BOX 3637  
JACKSONVILLE FL 32206

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L  
1300 GULF LIFE DR SUITE 800  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **04/27/1981**

3a. Date of Last Report **04/28/1995**

4. Fict Number

**59-2089593**

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

81 Name  
82 Street Address, P.O. Box Number, or Not Applicable  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(1)(a) and 607.1506, 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 607.07(1)(a), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS		
VPD	ARRANZ, ROBERT	<input type="checkbox"/> DELETED
1834 SPICEBERRY CIRCLE		
JACKSONVILLE FL		
PD	ARRANZ, JR. MARIANO	<input type="checkbox"/> DELETED
1834 SPICEBERRY CIRCLE		
JACKSONVILLE FL		
SD	ARRANZ, JUDITH	<input type="checkbox"/> DELETED
1834 SPICEBERRY CIRCLE		
JACKSONVILLE FL		
[ ] DELETED		
[ ] DELETED		
[ ] DELETED		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		
16 SOCIAL SECURITY		
17 OTHER STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		
19 SOCIAL SECURITY		
20 OTHER STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME		
22 SOCIAL SECURITY		
23 OTHER STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 SOCIAL SECURITY		
26 OTHER STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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, or possessors, 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 additional block if so addressed.

SIGNATURE: *Mariano Arranz Jr.* MARIANO ARRANZ JR. 3-4-96 904-356-9606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)