

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:42

DOCUMENT # **F70384** (5)

1. Corporation Name
MASS-BEACH, INC.

Principal Place of Business 11000 PROSPERITY FARMS RD. #302 PALM BCH GRDNS FL 33410	Mailing Address 11000 PROSPERITY FARMS RD. #302 PALM BCH GRDNS FL 33410
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1982	3a. Date of Last Report 07/15/1994
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2179035	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MASS, SANDRA J.
110 LANDWARD DRIVE
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name MASS, SANDRA J.
82 Street Address (P.O. Box Number is Not Acceptable) 251 Maplecrest Circle
83
84 City Jupiter
85 Zip Code FL 33458

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:

(If 201 Registered Agent (optional) also registering:

(201)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTS	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASS (SANDRA J.)	12 NAME	12 NAME	
STREET ADDRESS 251 MAPLECREST CIR.	13 STREET ADDRESS	13 STREET ADDRESS	
CITY - ST - ZIP JUPITER FL	14 CITY - ST - ZIP	14 CITY - ST - ZIP Jupiter, FL 33458	
TITLE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY - ST - ZIP	24 CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY - ST - ZIP	34 CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY - ST - ZIP	44 CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY - ST - ZIP	54 CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY - ST - ZIP	64 CITY - ST - ZIP	64 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 19.032, 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 of this report, or on an attachment with an address.

SIGNATURE: *Sandra J. Mass* PRESIDENT

1/12/95 (407) 626-9093