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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H41017

1. Corporation Name
MASSEY SERVICES, INC.

Principal Place of Business
 1051 WINDERLEY PLACE, STE. 201
 MAITLAND FL 32751
 US

Mailing Address
 1051 WINDERLEY PLACE, STE. 101
 MAITLAND FL 32751
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 610 N. Wymore Road Suite, Apt. #, etc. 22 City & State 23 Maitland, FL Zip 24 32751		2a. Mailing Address 26 610 N. Wymore Road Suite, Apt. #, etc. 27 City & State 28 Maitland, FL Zip 29 32751		3. Date Incorporated or Qualified 02/05/1985	
Country 25 US		Country 30 US		4. FEI Number 59-2557150 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HATCHER, STEPHEN B. 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, HARVEY L.	1.2 NAME	Massey, Anthony L.
STREET ADDRESS	1550 VIA TUSCANY	1.3 STREET ADDRESS	2422 Mohawk Trail
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Maitland, FL 32516
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, HARVEY L.	2.2 NAME	Maguire, Timothy
STREET ADDRESS	1550 VIA TUSCANY	2.3 STREET ADDRESS	10934 Piping Rock Cr
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GWYN ELIAS	3.2 NAME	Katz, Bruce
STREET ADDRESS	400 E. COLONIAL DR., #1509	3.3 STREET ADDRESS	4605 Courtney Lee Court
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	VPCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA A. CORINO	4.2 NAME	
STREET ADDRESS	417 RUTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	VP SR VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK BEARD	5.2 NAME	
STREET ADDRESS	1861 N. PRAIRIE DUNES CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH DUGGAN	6.2 NAME	
STREET ADDRESS	104 TANGELO CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey L. Massey, President Date: 2/3/99 Daytime Phone #: (407) 645-2500

CRZE034 (11/98)