

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L26671 (2)
1. Corporation Name
MASCO ENTERPRISES, INC.



Principal Place of Business: P.O. BOX 1775, APOPKA FL 32704-1775, US
Mailing Address: P.O. BOX 1775, APOPKA FL 32704-1775, US

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt #, etc		Suite, Apt #, etc	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 10/23/1989	3a. Date of Last Report 03/07/1995
4. FEI Number 59-2993449	Applied for <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SNOW, JOHN
701 E ALTAMOANTE SPR BLVD
SUITE 110
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 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 for re-statuting.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PASCARELLA, MICHAEL A	
STREET ADDRESS	P O BOX 1775 NA	
CITY-ST-ZIP	APOPKA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PASCARELLA, JANIS	
STREET ADDRESS	P.O. BOX 1775 NA	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12E	
13E STREET ADDRESS	
14E ST-ZIP	
21E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22E	
23E STREET ADDRESS	
24E ST-ZIP	
31E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32E	
33E STREET ADDRESS	
34E ST-ZIP	
41E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42E	
43E STREET ADDRESS	
44E ST-ZIP	
51E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52E	
53E STREET ADDRESS	
54E ST-ZIP	
61E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62E	
63E STREET ADDRESS	
64E 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, and am empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael A. Pascarella
Date: **11/28/95**

CR2E034 (3/96)