

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:25

DOCUMENT # **L88396** (1)

1. Corporation Name
MASTERS UNITED, INC.

Principal Place of Business Mailing Address
5088 CORONADO RIDGE BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **500-104 SNOWY EGRET LN.** 2a **500-104 SNOWY EGRET LN.**

4. FBI Number **65-0205052** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **104** 27 **104**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **CARY NC** 28 **CARY NC**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **27511 USA** 29 **27511 USA** 30 **USA**

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

9. Name and Address of Current Registered Agent
**STOFFLET, ROBERT S.
5088 CORONADO RIDGE
BOCA RATON FL 33486**

10. Name and Address of Now Registered Agent
81 Name **JOANNE I. AQUILINA**
82 Street Address (P.O. Box Number is Not Acceptable) **2600 N. MILITARY TR.**
83 **SUITE 250**
84 City **BOCA RATON** FL 85 Zip Code **33431**

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 *Joanne I. Aquilina* DATE **1/30/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOFFLET, ROBERT S.
STREET ADDRESS	5088 CORONADO RIDGE
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	STOFFLET, TRACY A.
STREET ADDRESS	5088 CORONADO RIDGE
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500-104 SNOWY EGRET LN.
1.4 CITY - ST - ZIP	CARY, NC 27511
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	500-104 SNOWY EGRET LN.
2.4 CITY - ST - ZIP	CARY, NC 27511
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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 or is stamped, or on an attachment with an address.

SIGNATURE: *Robert S. Stofflet* **Robert S. Stofflet** DATE **1/30/95** TIME **919-859-4998**