

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAY -1 2 4 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99160

(1)

1. Corporation Name

MASTERPIECE ENTERPRISES, INC.

Principal Place of Business

510 W. VIRGINIA AVE
TAMPA FL 33603

Mailing Address

510 W. VIRGINIA AVE
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1991

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3095943

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

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO Box 7731

27

City & State

28

Tampa FL

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, KAREN B.
510 W. VIRGINIA AVE
TAMPA FL 33603

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

Karen B. Smith, KAREN B. SMITH

(Print Registered Agent name and address)

JUNE 30, 1995

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COO
NAME	GUMBS, BERESFORD S
STREET ADDRESS	4701 E. HANNA AVE.
CITY, ST, ZIP	TAMPA FL
TITLE	P
NAME	SMITH, KAREN B
STREET ADDRESS	510 W. VIRGINIA AVE
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), 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. I am an officer or director of the corporation or the owner or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, on an attachment with an address.

SIGNATURE:

Karen B. Smith, KAREN B. SMITH

(Signature and typed or printed name of signing officer or director)

JUNE 30, 1995

Date

(13) 125

1708