

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034555

Entity Name: MASKER FINANCIAL & INSURANCE GROUP INC.

Current Principal Place of Business:

8445 BOCA RIO DRIVE
BOCA RATON, FL 33432

Current Mailing Address:

8445 BOCA RIO DRIVE
BOCA RATON, FL 33432

FEI Number: 04-3675534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASKER INSURANCE & FINANCIAL SERVICES
8445 BOCA RIO ROAD
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MASKER, DALE A
Address 8445 BOCA RIO DRIVE
City-State-Zip: BOCA RATON FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALE MASKER

PRES

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date