

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90015 023 ***150.00

DOCUMENT # 509620

1. Corporation Name
MASSEL CONSTRUCTION, INC.

Principal Place of Business

7787 NW 25 ST
MARGATE FL 33063
US

Mailing Address

7787 NW 25 ST
MARGATE FL 33063
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1976

4. FEI Number

59-1685309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 528 Corbin Pk. Rd.

Suite, Apt. #, etc.

22

City & State

23 New Smyrna Beach FL

Zip

24 32168

Country

25 Volusia

2a. Mailing Address

26 528 Corbin Pk. Rd.

Suite, Apt. #, etc.

27

City & State

28 New Smyrna Beach FL

Zip

29 32168

Country

30 Volusia

9. Name and Address of Current Registered Agent

MASSEL, EDWARD
12580 N.E. 9TH AVE.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Edward L. Massel

82 Street Address (P.O. Box Number is Not Acceptable)

528 Corbin Pk. Rd.

83

84 City New Smyrna Beach FL

85 Zip Code

32168

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MASSEL, EDWARD
STREET ADDRESS 12580 N.E. 9TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE V ☐ DELETE

NAME MASSEL, BERNICE
STREET ADDRESS 12580 N.E. 9TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ST ☐ DELETE

NAME MASSEL, JEANNE
STREET ADDRESS 12580 N.E. 9TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE V ☐ DELETE

NAME MASSEL, LAURA L
STREET ADDRESS 12580 NE 9 AV
CITY-ST-ZIP N MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME Massel Edward
1.3 STREET ADDRESS 528 Corbin Pk Rd.
1.4 CITY-ST-ZIP New Smyrna Beach FL 32168

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME Massel Bernice
2.3 STREET ADDRESS 528 Corbin Pk. Rd.
2.4 CITY-ST-ZIP New Smyrna Beach FL 32168

3.1 TITLE ST ☐ Change ☐ Addition

3.2 NAME ST Massel Jeanne
3.3 STREET ADDRESS 528 Corbin Pk. Rd.
3.4 CITY-ST-ZIP New Smyrna Beach FL 32168

4.1 TITLE V ☐ Change ☐ Addition

4.2 NAME V Massel Laura L.
4.3 STREET ADDRESS 528 Corbin Pk. Rd.
4.4 CITY-ST-ZIP New Smyrna Beach FL 32168

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)