


FILED
Jun 16, 2003 8:00 am
Secretary of State

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DOCUMENT # 509620		05-22-2003 90136 009 ***550.00	
1. Entity Name MASSEL CONSTRUCTION, INC.			
Principal Place of Business 528 CORBIN PARK ROAD NEW SMYRNA BEACH FL 32168 US		Mailing Address 528 CORBIN PARK ROAD NEW SMYRNA BEACH FL 32168 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MASSEL, EDWARD 528 CORBIN PARK ROAD NEW SMYRNA BEACH FL 32168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-1685309 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Delete PO MASSEL, EDWARD STREET ADDRESS 528 CORBIN PARK ROAD CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete ST MASSEL, JEANNE STREET ADDRESS 528 CORBIN PARK ROAD CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete ST MASSEL-KAISER, LAURA STREET ADDRESS 528 CORBIN PARK ROAD CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition V. PRESIDENT MASSEL-KAISER, LAURA STREET ADDRESS 528 CORBIN PARK RD. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
12. 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE REQUIRED		Date 06/10/03 Daytime Phone # 386-407-5414	