FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848246 (5)

1. Corporation Name
MASCAR HOLDING CORP.

Principal Place of Business	Mailing Address
P O BOX 4239 FT. LAUDERDALE FL 33338	P O BOX 4239 FT. LAUDERDALE FL 33338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1961-63 South Pat Dr	26 P.O. Box 372190
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Satellite Beach FL	City & State 28 Satellite Beach FL
Zip 24 32937 Country 25 U.S.A.	Zip 29 32937 Country 30 U.S.A.

4. FEI Number: 13-2674990 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALUMBO, THOMAS J. 101 BAY COLONY DR FT LAUDERDALE FL 33304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 529 Turtle Circle 83 84 City Satellite Beach FL 85 Zip Code 32937

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☒ Change ☐ Addition
NAME	PALUMBO, THOMAS	12 NAME	
STREET ADDRESS	101 BAY COLONY DRIVE	13 STREET ADDRESS	529 Turtle Circle
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, THOMAS	22 NAME	
STREET ADDRESS	1715 E SUNRISE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Thomas J Palumbo Pres 4/25/95 407-777-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0241313 CP