

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
S. J. P. MORAN
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F32362** (8)

1. Corporation Name

MAS ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business

419 CARMEN ST.
P.O. BOX 3637
JACKSONVILLE FL 32206

Mailing Address

419 CARMEN ST.
P.O. BOX 3637
JACKSONVILLE FL 32206

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1300 GULF LIFE DR SUITE 800
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **04/27/1981**
3a. Date of Last Report: **04/28/1995**
4. File Number: **59-2089593**
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

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number, or Not Applicable
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 609.01(1)(a) and 609.15(2), 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 609.01(1)(a), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation, or the person who is the registered agent of the corporation, or the person who is the registered agent of the corporation.

Date

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DATE
VPD	ARRANZ, ROBERT	1834 SPICEBERRY CIRCLE	JACKSONVILLE FL	<input type="checkbox"/> DELETED
PD	ARRANZ, JR. MARIANO	1834 SPICEBERRY CIRCLE	JACKSONVILLE FL	<input type="checkbox"/> DELETED
SD	ARRANZ, JUDITH	1834 SPICEBERRY CIRCLE	JACKSONVILLE FL	<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DATE	Change	Addition
					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this form is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 additional block if so addressed.

SIGNATURE: *Mariano Arranz Jr.* MARIANO ARRANZ JR. 3-4-96 904-356-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)