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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32206-0637**

| | | | | | |
|---|-------------------------|---------------------|-------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/27/1981 | 3a. Date of Last Report 03/15/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 59-2089593 | Applied For <input type="checkbox"/> Not Applicable |
| 25. Country | 26. Suite, Apt. #, etc. | 27. City & State | 28. Zip | 29. Country | 30. Country |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

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

| | | | | |
|----------|--|-----|-----------|--------------|
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. | 84. City | 85. Zip Code |
| | | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|--|
| TITLE VPD | NAME ARRANZ, ROBERT | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1834 SPICEBERRY CIRCLE | CITY- ST- ZIP JACKSONVILLE FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY- ST- ZIP | 32246 |
| TITLE PD | NAME ARRANZ, JR. MARIANO | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1834 SPEICEBERRY CIRCLE | CITY- ST- ZIP JACKSONVILLE FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY- ST- ZIP | 32246 |
| TITLE SD | NAME ARRANZ, JUDITH | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1834 SPICEBERRY CIRCLE | CITY- ST- ZIP JACKSONVILLE FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY- ST- ZIP | 32246 |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY- ST- ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY- ST- ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY- ST- ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY- ST- ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY- ST- ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY- ST- ZIP | |

14. I do 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.

SIGNATURE Mariano Arranz Jr. **MARIANO ARRANZ JR.** **4-15-97** **904-356-9606**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)