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CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (4)

FILED Apr 07 1998 8:00am Secretary of State

MASSEY INSURANCE AND FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 801 SPENCER DRIVE WEST PALM BCH FL 33409 MEST PALM BCH FL 33409					
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal Pl	ace of Business	2a. Mailing Address		08/12/1982 4. FEI Number	Applied For
21		[26]		59-2213488	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	
Zip	Country	Zip 	Country	8. This corporation owes or has paid to	
24	25 25 Name and Address of Current	29 st Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Regis	
1/4	SSEY, H.W. "HANK" JR.		81 Name	18. come other statement in the Links	
	SPENCER DRIVE				
	ST PALM BCH FL 33409		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
171	VI I THEM DOTT I'L GOTTO		83		
			-		[a=1 3r 6 4s
			84 City		FL 85 Zip Code
Office of fi	egisterød agent, or both, in the State in familiar with, and accent the oblini	of Florida, Such change was a ations of Section 607,0505. Flo	authorized by the corporational Statutes	tion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	Signature Typeotox profed name of teges resting	ent med die drappleenfole (NOTE	Fregistured Agent signature requi		DATE
SIGNATURE	Signative Typed or profed name of teges rectaur OFFICE IS AN	ent und (it e it applicable (NOTE DIDIRE CTORS	Fingistured Agent signature requi		DATE IS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature by end or professionance of representation OFFICE BS AN	ent med die drappleenfole (NOTE	Hogistored Agent signature required 13.	ired when reinstating)	DATE IS AND DIRECTORS IN 12
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uonity for the exemption stated in Section 113.07(3)(t), Fronda Statutes. I further certify that the Informatic and accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in . indicated on this armual report or supplemental officer or director of the corporation or the recep Block 12 or Block 13 if changed, or on an attack

561-478-1660 EALS