

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001205 (2)

1. Corporation Name

MASCI CONSTRUCTION INC.



Principal Place of Business

Mailing Address

158 CRAWFORD STREET
LEOMINSTER MA 01453

158 CRAWFORD STREET
LEOMINSTER MA 01453

3. Date Incorporated or Qualified
03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 158 CRAWFORD STREET

26 2750 SOUTHRIDGE WOOD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 SUITE B 3

23 LEOMINSTER, MA. 01453

28 SO. DAYTONA, FL. 32119

24 Zip

Country

29 Zip

Country

01453

25 WORCESTER

32119

30 VOLUSIA

4. FEI Number
04-2852135

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

IZQUIERDO, WILLY
16760 NW 83 PLACE
HIALEAH FL 33016

81 Name

LEONEL A. MASCI

82 Street Address (P.O. Box Number is Not Acceptable)

2750 SOUTHRIDGE WOOD AVE.

83

SUITE B 3

84 City

SO. DAYTONA

FL

85 Zip Code
32119

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

Leonel Masci LEONEL MASCI - Vice President

6/10/96

Signature typed or printed name of registered agent and the corporation (Note: Registered Agent signature required when not filing in trip)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME MASCI, ANDRES
STREET ADDRESS 158 CRAWFORD STREET
CITY-ST-ZIP LEOMINSTER MA 01453

TITLE VS ☐ DELETE
NAME MASCI, MARIA
STREET ADDRESS 158 CRAWFORD STREET
CITY-ST-ZIP LEOMINSTER MA 01453

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Masci MARIA MASCI - Clerk

JUNE 10, 1996

(500) 534-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)