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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001926 (2)

1. Corporation Name

MASTER'S FINANCIAL CORPORATION

Principal Place of Business

1100 CLEVELAND STREET
SUITE 1600
CLEARWATER FL 34615

Mailing Address

1100 CLEVELAND STREET
SUITE 1600
CLEARWATER FL 34615-4895

3. Date Incorporated or Qualified

04/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 14270 Carlson Circle

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33624

Country

25

2a. Mailing Address

26 14270 Carlson Circle

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33624

Country

30

4. FEI Number

59-3344145

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

FRIEND, J U
1100 CLEVELAND STREET
SUITE 1600
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME FRIEND, J U
STREET ADDRESS 1516 NURSERY RD
CITY-ST-ZIP CLEARWATER FL 34618

TITLE TSD ☒ DELETE

NAME POPE, ROBERT W
STREET ADDRESS 819 17TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ DELETE

NAME Secretary
NAME Brenda Rona
STREET ADDRESS 4614 Gilman Ct
CITY-ST-ZIP Palm Harbor FL 34685

TITLE ☐ DELETE

NAME Treasurer
NAME Gregg Terry
STREET ADDRESS 4614 Gilman Ct
CITY-ST-ZIP Palm Harbor FL 34685

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0443335

CR2E034 (9/96)