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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90034 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G46852**

1. Corporation Name  
**LARS MASING, INC.**

Principal Place of Business  
 4704 L.B. MCLEOD ROAD  
 ORLANDO FL 32811

Mailing Address  
 4704 L.B. MCLEOD ROAD  
 ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/29/1983**

4. FEI Number  
**59-2301286**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip  
 24 [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip  
 29 [ ] Country

9. Name and Address of Current Registered Agent

**MASING, LARS**  
**4704 L.B. MCLEAD RD**  
**ORLANDO FL 32811**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME MASING, LARS  
 STREET ADDRESS 4704 L.B. MCLEAD RD  
 CITY-ST-ZIP ORLANDO FL

TITLE SD  DELETE  
 NAME MASING, ROSEMARIE  
 STREET ADDRESS 4704 L.B. MCLEAD RD  
 CITY-ST-ZIP ORLANDO FL

TITLE TD  DELETE  
 NAME CROWE, MONICA  
 STREET ADDRESS 4704 L.B. MCLEAD RD  
 CITY-ST-ZIP ORLANDO FL

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Treasurer** **4/6/99** **407-839-6261**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)