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Apr 03 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 # H77213

(7)

1. Corporation Name  
MASSACHUSETTS AVENUE, INC.

Principal Place of Business  
8406 MASSACHUSETTS AVENUE  
SUITE B-1  
NEW PORT RICHEY FL 34653

Mailing Address  
8406 MASSACHUSETTS AVENUE  
SUITE B-1  
NEW PORT RICHEY FL 34653-3131



3. Date Incorporated or Qualified 09/23/1985 3a. Date of Last Report 03/15/1996

2. Principal Place of Business 21 7510 Ridge Road Suite, Apt. #, etc. 22 City & State 23 Port Richey, FL Zip 24 34668 Country 25 Pasco 2a. Mailing Address 26 7510 Ridge Road Suite, Apt. #, etc. 27 City & State 28 Port Richey, FL Zip 29 34668 Country 30 Pasco 4. FEI Number 59-2589078 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

MARTIN, DANIEL N.  
8406 MASSACHUSETTS AVE, SUITE B-1  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name MARTIN, DANIEL N.  
82 Street Address (P.O. Box Number is Not Acceptable) 7510 Ridge Road  
83  
84 City Port Richey, FL 85 Zip Code 34668

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARTIN, DANIEL N.	1.2 NAME	MARTIN, DANIEL N.
STREET ADDRESS	8406 MASSACHUSETTS AVE	1.3 STREET ADDRESS	7510 Ridge Road
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	VD	2.1 TITLE	
NAME	MINIERI, CARL	2.2 NAME	
STREET ADDRESS	29858 US HWY 19N, STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HUDSON, JOHN E.	3.2 NAME	
STREET ADDRESS	8709 RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

DANIEL N. MARTIN

4-1-97

813-842-8439

Date Daytime Phone #

CR2E034 (9/96)