

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90044 024 \*\*\*150.00

DOCUMENT # **H77213**

1. Corporation Name  
**MASSACHUSETTS AVENUE, INC.**



Principal Place of Business  
**6709 RIDGE RD.  
SUITE 200  
PORT RICHEY FL 34668  
US**

Mailing Address  
**6709 RIDGE RD.  
SUITE 200  
PORT RICHEY FL 34668  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2739 U.S. Hwy. 19</b> Suite, Apt. #, etc. 22 <b>Suite 201</b> City & State 23 <b>Holiday, FL</b> Zip 24 <b>34691</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 2108</b> Suite, Apt. #, etc. 27 City & State 28 <b>Elfers, FL</b> Zip 29 <b>34680-2108</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/23/1985</b>	
		4. FEI Number <b>59-2589078</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BRASHER, C. JOHN  
6709 RIDGE ROAD  
SUITE 200  
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2739 U.S. Hwy. 19, Suite 201**  
83  
84 City **Holiday,** FL 85 Zip Code **34691**

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRASHER, C. JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>6709 RIDGE RD. SUITE 200</b>	1.3 STREET ADDRESS	<b>2739 U.S. Hwy. 19, Suite 201</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	1.4 CITY-ST-ZIP	<b>Holiday, FL 34691</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINIERI, CARL</b>	2.2 NAME	
STREET ADDRESS	<b>29856 US HWY 19N, STE 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, JOHN E.</b>	3.2 NAME	
STREET ADDRESS	<b>6709 RIDGE RD.</b>	3.3 STREET ADDRESS	<b>2739 U.S. Hwy. 19, Suite 201</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	<b>Holiday, FL 34691</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-99**  
Date

**727-943-0138**  
Daytime Phone #

CR2E034 (11/98)