FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J40897** **(7)**

1. Corporation Name

MASON TRACTOR, INC.

Principal Place of Business

8226 S. HWY. 17-92
#2202
FERN PARK FL 32730
US

Mailing Address

P.O. BOX 547743
ORLANDO FL 32854-7743

3. Date Incorporated Or Qualified: **11/04/1986**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-2759389** — 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. [X] Yes [ ] No

2. Principal Place of Business
21 6140K EdgeWATER Dr.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL.
Zip 24 32810 County 25 Orange

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MOON, WALTER R.
1218 EAST ROBINSON STREET
ORLANDO FL 32801

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 Section 607.0122 or 617.0122, 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. The character of business of 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MASON, MICHAEL	
STREET ADDRESS	3710 PEMBROOK	
CITY, ST, ZIP	ORLANDO FL	
TITLE	VS	[ ] DELETE
NAME	MASON, MARY A.	
STREET ADDRESS	3710 PEMBROOK	
CITY, ST, ZIP	ORLANDO FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[X] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP	32810	
2. TITLE	[ ] Change	[X] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP	32810	
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this report is true and complete to the best of my knowledge and belief, and that I am authorized to file this report on behalf of the corporation stated in Section 11 of this report. I further certify that the information provided on this report is true and complete to the best of my knowledge and belief, 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 person designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an amendment with its address.

SIGNATURE: Michael W. Mason — Michael W. Mason — 1-18-96 — (407) 645-4458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #