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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J46129**

(9)

1. Corporation Name

MASTELLER, MOLER & REED, INC.



Principal Place of Business

% EARL M. MASTELLER
1623 N US ONE, SUITE B-2
SEBASTIAN FL 32958

Mailing Address

% EARL M. MASTELLER
1623 N US ONE, SUITE B-2
SEBASTIAN FL 32958-3879

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2745954

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTELLER, EARL H
1623 N US ONE
SUITE B-2
SEBASTIAN FL 32958

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

FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above 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 (Type or printed name of registered agent and title if applicable)

(NOTE: Registration required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MASTELLER, EARL H.	
STREET ADDRESS	889 ROBIN LANE	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	REED, RODNEY LYNN	
STREET ADDRESS	708 FISCHER CIRCLE	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MOLER, STEPHEN E	
STREET ADDRESS	5125 TRADEWINDS RD	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	
3.4	
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	
4.4	
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 correct 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 file 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

3/20/97

Date

Daytime Phone #

CR2E034 (9/96)