

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85603 (5)

1. Corporation Name
MASTER TECH IMPORTS, INC.



Principal Place of Business 4006 PROGRESS AVE. NAPLES FL 33942	Mailing Address 4006 PROGRESS AVE. NAPLES FL 34104-3633
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3. Date Incorporated or Qualified 08/04/1987	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2830280	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

NIESEN, CHARLES E.
5780 24TH AVENUE SW
NAPLES FL 33999

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SILVERWOOD, DALE T.	
STREET ADDRESS	335 31ST ST SOUTHWEST	
CITY - ST - ZIP	NAPLES FL	
TITLE	STD	☐ DELETE
NAME	NIESEN, CHARLES E.	
STREET ADDRESS	5780 24TH AVE S.W.	
CITY - ST - ZIP	NAPLES 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

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. 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 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

Date

Daytime Phone #

4-23-97 941 643 4737

CR2E034 (9/96)