

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 10 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K50370** (1)  
1. Corporation Name  
**MESSAGE MASTERS, INC.**

Principal Place of Business Mailing Address  
**1235 N. ORANGE AVE** **1235 N. ORANGE AVE**  
**SUITE 202** **SUITE 202**  
**ORLANDO FL 32804** **ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1988** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2919911</b>		Applied For Not Applicable	
21		25		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BENNETT, CAMERON G.</b> <b>11007 SCHOONER WAY</b> <b>WINDERMERE FL 32786</b> <b>34786</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CAMERON G.	1.2 NAME	
STREET ADDRESS	11007 SCHOONER WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES G.	2.2 NAME	James G. Bennett
STREET ADDRESS	2824 MIDSUMMER DRIVE	2.3 STREET ADDRESS	Oceans IV, Suite 21C5
CITY - ST - ZIP	WINDERMERE FL	2.4 CITY - ST - ZIP	3003 South Atlantic Ave. Daytona Bch. Shores, FL 32118
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, PAMELA G.	3.2 NAME	
STREET ADDRESS	11007 SCHOONER WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GERALDINE D.	4.2 NAME	206 ALBRIGHTON CT
STREET ADDRESS	2824 MIDSUMMER DRIVE	4.3 STREET ADDRESS	LONGWOOD, FL 32779
CITY - ST - ZIP	WINDERMERE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *James G. Bennett* 4/5/95 407.895-8160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #