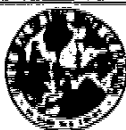


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K63838**

(2)

1. Corporation Name

THE MASTERS GROUP, INC.

Principal Place of Business

C/O ALFRED J. SANDELLI JR.
3553 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982

Mailing Address

C/O ALFRED J. SANDELLI JR.
3553 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1989

3a. Date of Last Report
08/18/1994

4. FEI Number
65-0107188

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **107 RIDGEWOOD AVE.**

2a. Mailing Address

26 **P.O. Box 1725**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **CLEWISTON FL**

27 City & State

28 **CLEWISTON FL**

24 Zip

25 **33440**

Country

25 **HENDRY**

29 Zip

29 **33440**

Country

30 **HENDRY**

9. Name and Address of Current Registered Agent

**SANDELLI, ALFRED J. JR.
3553 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name **SANDELLI, ALFRED J. JR.**

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

107 RIDGEWOOD AVE.

83

84 City

CLEWISTON

FL

85 Zip Code

33440

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

Alfred J. Sandelli Jr.

ALFRED J. SANDELLI, JR., VICE PRES.

4/26/95

(Signature of individual or certified name of registered agent and date of acceptance)

(NOTE: Registered Agent's signature required when registering)

(Date)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	SANDELLI, ROBERTA F.
STREET ADDRESS	3553 S. INDIAN RIVER DR.
CITY, ST, ZIP	FORT PIERCE FL
TITLE	DVS
NAME	SANDELLI, ALFRED J. JR.
STREET ADDRESS	3553 S. INDIAN RIVER DR.
CITY, ST, ZIP	FORT PIERCE FL
TITLE	V
NAME	SANDELLI, MICHAEL S.
STREET ADDRESS	3553 S. INDIAN RIVER DR.
CITY, ST, ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	107 RIDGEWOOD AVE.
1.4 CITY, ST, ZIP	CLEWISTON FL 33440
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	107 RIDGEWOOD AVE.
2.4 CITY, ST, ZIP	CLEWISTON FL 33440
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	2825 B STONEWAY LN.
3.4 CITY, ST, ZIP	FORT PIERCE FL 34982
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 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:

Roberta F. Sandelli **ROBERTA F. SANDELLI**

4/26/95

813-783-9295

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)