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

2. Principal Place of Business
21: 107 Ridgewood Ave.
Suite, Apt. #, etc. 22:
City & State 23: Clewiston FL
Zip 24: 33440 Country 25: Hendry

2a. Mailing Address
26: P.O. Box 2725
Suite, Apt. #, etc. 27:
City & State 28: Clewiston FL
Zip 29: 33440 Country 30: Hendry

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. 199.032, Florida Statutes ☑ Yes ☐ No

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 and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☑ Change ☐ Addition
NAME	SANDELLI, ROBERTA F.	12 NAME		
STREET ADDRESS	3553 S. INDIAN RIVER DR.	13 STREET ADDRESS	107 Ridgewood Ave.	
CITY ST ZIP	FORT PIERCE FL	14 CITY ST ZIP	Clewiston FL 33440	
TITLE	DVS	21 TITLE		☑ Change ☐ Addition
NAME	SANDELLI, ALFRED J. JR.	22 NAME		
STREET ADDRESS	3553 S. INDIAN RIVER DR.	23 STREET ADDRESS	107 Ridgewood Ave.	
CITY ST ZIP	FORT PIERCE FL	24 CITY ST ZIP	Clewiston FL 33440	
TITLE	V	31 TITLE		☑ Change ☐ Addition
NAME	SANDELLI, MICHAEL S.	32 NAME		
STREET ADDRESS	3553 S. INDIAL RIVER DR.	33 STREET ADDRESS	2825 B Stoneway Ln.	
CITY ST ZIP	FT. PIERCE FL	34 CITY ST ZIP	Fort Pierce FL 34982	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Robert F. Sandelli Roberta F. Sandelli — 4/26/95 — 813-983-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0370741 CP