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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90010 026 \*\*\*150.00

i. Corporation	MENT # K75232 MASTERS, INC.	<b>!</b>				
Principal Place	of Business	Mailing Address				####} ##### ##### ##### ##############
14561 SW 18 C		14561 SW 18 CT				
DAVIE FL 33325		DAVIE FL 33325				•
US		US			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualifed 03/24/1989	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0107890	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				
City & State	<del>2</del>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible ☐ Yes 🖼 No
24	25	29 3	0]		Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Neglati	ereu Agent
PERI	Z, VIDAL RAFAEL					1985 Set
14561 SW 18TH CT			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33325			83		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	COST AS WE WINE
	NODENDACE I E GOOLG		65			3137指導組織議
			84	City		85 Zip Code (4.2.3.29)
						T L 1
44 5		O 4 COZ 1500 Eleride Statutos	the above	named cor	noration cubmite this statement for the numo	se of changing its registered ' L
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	nonzea by	the corporat	poration submits this statement for the purpo tion's board of directors. I hereby accept the	appointment as registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was autitions of, Section 607,0505, Florid	la Statutes	the corporat	tion's board of directors. Thereby accept the	7-1-99
office or read agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was autitions of, Section 607,0505, Floridation of the floridatio	la Statutes	the corporat	red when reinstating) DA	3-1-199
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP