

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K86718** (9)

1. Corporation Name

**MASON INSURANCE CONSULTANTS, INC.**



Principal Place of Business

**7845 W SAMPLE RD  
SUITE 182  
CORAL SPRINGS FL 33065  
US**

Mailing Address

**7845 W SAMPLE RD  
SUITE 182  
CORAL SPRINGS FL 33065  
US**

3. Date Incorporated or Qualified

**05/09/1989**

3a. Date of Last Report

**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0131374**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, WILLIAM E. J  
3156 NW 68TH STREET  
FT. LAUDERDALE FL 33309**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **MASON, WILLIAM J**  
STREET ADDRESS **3156 NW 68TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST** ☐ DELETE

NAME **MASON, THERESA**  
STREET ADDRESS **3156 NW 68TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE

NAME **MASON, WILLIAM III**  
STREET ADDRESS **1410 NW 129TH AVE.**  
CITY-ST-ZIP **SUNRISE 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William E. Mason Jr. Pres** 4/17/96 305-971-4054

Date

Daytime Phone #

CR2E034 (12/95)