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

PROFIT CORPORATION

SAUVE, RAYMOND J.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998		Secretary of State DIVISION OF CORPORATION	Secretary	of State			
DOCUMENT # L 1. Corporation Name MASTERCOMP MONITO	_18356 ORING, INC.	(O)					
Principal Place of Business Mailing Address							
PO BOX 1499 LOXAHATCHEE FL 33470 US	PO BOX 1499 LOXAHATCHEE FL 33470 US		DO NOT WRITE IN T 3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Place of Business	2a. M	Mailing Address	09/26/1989 4. FEI Number 65-0138134	Applied For			
Suite, Apt. #, etc.	s	uite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional			

City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

6861 VISTA PKWY N 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33411 83 84

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						
SIGNATORIE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	SAUVE, RAYMOND J.		1.2 NAME			
STREET ADDRESS	6861 VISTA PKWY N		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1,4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	Addition Addition
NAME	sauve, dianne		2,2 NAME			
STREET ADDRESS	6861 VISTA PKWY N		2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	-		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADORESS			6,3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-SY-ZIP		F.	. †

14. 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 appears.

SIGNATURE:

18CK8 5616525008

FILED

Feb 09 1998 8:00am