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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L26671 (2)

1. Corporation Name
MASCO ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 1775
APOPKA FL 32704-1775
US

Mailing Address

P.O. BOX 1775
APOPKA FL 32704-1775
US



2. Principal Place of Business

21 2138 Palm Vista Dr

2a. Mailing Address

26 P.O. Box 1752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 APOPKA, FLA

City & State

28 APOPKA, FLA

Zip

24 32712

Country

25 Orange

Zip

29 32704

Country

30 Orange

9. Name and Address of Current Registered Agent

SNOW, JOHN
701 E ALTAMOANTE SPR BLVD
SUITE 110
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

10/23/1989

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2993449

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

10. Name and Address of New Registered Agent

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

Michael A. Pascarella

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD
PASCARELLA, MICHAEL A
P O BOX 1775 NA
APOPKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V
PASCARELLA, JANIS
P.O. BOX 1775 NA
APOPKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael A. Pascarella 3/2/97 401 984-5403

CR2E034 (9/96)