

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

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

1995 MAR 20 PM 12:05

DOCUMENT # M07410

(7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MASK, INC.

~~31811 BRID BEACH CLUB~~

Principal Place of Business

200 U.S. 1
JUPITER FL 33477

Mailing Address

200 U.S. 1
JUPITER FL 33477

200001436182

03/22/95--01042--012

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Rechartered

11/05/1984

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

21

2b. Mailing Address

26

3001 E. OAKLAND PARK BLVD.

59-2506726

State, Apt. #, etc

State, Apt. #, etc

27

City & State

OAKLAND PARK, FLORIDA

5. Certificate of Status Requested

\$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 Section 218.01, Florida Statutes ☒ Yes ☐ No

City & State

City & State

Zip

Country

Zip

Country

24

25

29

33306

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECK, PETER
3001 E OAKLAND PARK BLVD
OAKLAND PARK FL 33306-8817

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 a statement of compliance, that it is familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the president, principal officer, and the chief financial officer

Signature of the registered agent and the chief financial officer

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE	PSD
NAME	BECK, PETER
STREET ADDRESS	3001 E OAKLAND PARK BLVD
CITY, ST, ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		
7. TITLE		☐ Change ☐ Addition
7. NAME		
7. STREET ADDRESS		
7. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 218.01, Florida Statutes. I further certify that the information is true and correct 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 responsible for filing this report as required by Chapter 218, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of the information filed with an address.

SIGNATURE: *Peter Beck* President 3/10/95 x 305-566 2804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR