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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M07846

(2)

RICHARD A. MASELL, INC.

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**FILED** 

May 06 1998 8:00am

Secretary of State

Principal Place of Business			Mailing Address						I EU BREU (ODEL EDEU DIRU	, <del>g</del> ele ubbei bil	ii Eldii Albii Bid	1 <b>  1   </b>
5901 CYPRESS HOLLOW WAY			5901 CYPRESS HOLLOW WAY									
NAPLES FL 33942			NAPLES FL 33942					DO NOT WRITE IN THIS SPACE				
								3. Date Inco	orporated or Qualifie		- STACE	
								11/15/	•	Ü		
2. Principal P	lace of Business	2a. M	ailing Address					4. FEI Numb			A	pplied For
21		26						59-27	90102		N	ot Applicable
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.						e of Status Desired			Additional
22		27									Fee R	beriupe
City & Stat	е		City & State						Campaign Financing			May Be
Zip	Country	28	ın	Cot	intry				d Contribution			to Fees
24	25	29	P	30	·, ·.· y			•	oration owes or has Property Tax due Ju	•		ilangibie ☐ No
	9. Name and Address of Currer		ed Agent	1301	_				d Address of New			
GF	RUN, WILLIAM LANE				81	Name				<u> </u>		
	VALENCIA AVENUE				82	Street 4	Addres	s (P.O. Boy N	umber is Not Accep	table)		
	ITE 100					01.0017	100100	0 () .O. BOA 14				
CO	RAL GABLES FL 33134				83							
					64	City					85 Zip	Code
11 Purcuant	to the provisions of Sections 607.050	2 and 607	1508 Florida Stelul	lac tha al		named	corpor	ation submits	this statement for th	FI		te registered
office or r	registered agent, or both, in the State	of Florida	Such change was	authorize	d by	the corp	corpora	n's board of di	rectors. I hereby ac	cept the ap	pointment as	registered
•	im familiar with, and accept the oblig-	alions of, S	ection 607.0505, FI	orida Stai	utes							
SIGNATURE	Signature, typed or printed name of registered ago	est and tille if a	oplicable (NOT	I Registere	d Age	nt signature	required t	when reinstating)		DATE		
12.	OFFICERS AN			13.				ADDITION	S/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD		DELETE	1.1 TI	TLE						Change	Addition
NAME	MASELL, RICHARD A.			1.2 N/	AME							
STREET ADDRESS	5901 CYPRESS HOLLOW WA	·Υ		1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	NAPLES FL			_	TY-\$1	-ZIP		<del> </del>		· · · ·		
TITLE			DELETE	2.1 TI							☐ Change	Addition
NAME				2.2 N/					~ .	1		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE	2.40		T-ZIP		<del>-</del>			Change	Addition
TITLE NAME			- Detter	3.1 Ti 3.2 N/							La change	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				3.4. C								j
TITLE			☐ DELETE	4.1 70		1-211	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME				4.2 N	AME						- •	_
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				440								
TITLE			☐ DELETE	5110				***		<del></del>	☐ Change	Addition
NAME				52 N/	ME							
STREET ADDRESS				5387	REET.	ADDRESS						
CITY-ST-ZIP				5 4 CI	TY - \$1	r-ZIP		· · · · · · · · · · · · · · · · · · ·			-	
TITLE			DELETÉ	6.1 TE							Change	☐ Addition
NAME				62 N/								
STREET ADDRESS				6.3 ST	REET	ADDRESS						
AUTY OF THE												

14. Thereby 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 processor or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in