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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M12342** **(5)**

1. Corporation Name

MASTER TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
C/O RAYMOND J. SAUVE ~~1962 S. CONGRESS AVENUE~~ WEST PALM BEACH FL 33406	C/O RAYMOND J. SAUVE ~~1962 S. CONGRESS AVENUE~~ WEST PALM BEACH FL 33406

	Principal Place of Business	Mailing Address
2. / 2a.	21 6861 VISTA Parkway N	26 6861 VISTA Parkway N
Suite, Apt. #, etc.	22	27
City & State	23 West Palm Beach FL	28 West Palm Beach FL
Zip / Country	24 33411 / 25 Palm	29 33411 / 30 Palm

3. Date Incorporated or Qualified: **03/08/1985**
3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-2508043** ☐ 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

9. Name and Address of Current Registered Agent

SAUVE, RAYMOND J.
~~**1962 S. CONGRESS AVENUE**~~
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 6861 VISTA PARKWAY NORTH

83

84 City West Palm Bch **FL** 85 Zip Code 33411

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: Raymond J Sauve RAYMOND J SAUVE 2/22/96
Signature of officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; OR Registered Agent signature required when name changed. PRINTED Registered Agent signature required when name changed. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUVE, RAYMOND J. ~~1962 S. CONGRESS AVENUE~~ WEST PALM BEACH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition	6861 VISTA PARKWAY N West Palm Bch FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAUVE, RAYMOND J. ~~1962 S. CONGRESS AVENUE~~ WEST PALM BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition	SAME AS ABOVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAUVE, DIANNE ~~1962 S CONGRESS AVE~~ W PALM BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition	SAME AS ABOVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Raymond J Sauve RAYMOND J SAUVE 2/12/96 407 697 8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #