

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M36049 (8)

1. Corporation Name

LE MASTER, INCORPORATED



Principal Place of Business

Mailing Address

5501 S W 19 ST.
PLANTATION FL 33317-2944

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PLANTATION FL 33317-2944

3. Date Incorporated or Qualified
07/31/1986

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LE MASTER, CHERYL D.
5501 SOUTH WEST 19TH STREET
PLANTATION FL 33317

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LE MASTER, CHERYL D.
STREET ADDRESS 5501 S W 19 ST.
CITY - ST - ZIP PLANTATION FL

1.1 TITLE President
1.2 NAME Cheryl Lemaster Pellicane
1.3 STREET ADDRESS 681 N.E. Helicon Lane
1.4 CITY - ST - ZIP Pt. St. Lucie, FL 34983

TITLE T
NAME LEMASTER, DONALD B.
STREET ADDRESS 5501 SW 19 STREET
CITY - ST - ZIP PLANTATION FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE S
NAME PELLICANE, PHILIP J.
STREET ADDRESS 3056 N W 110 AVENUE
CITY - ST - ZIP SUNRISE FL

3.1 TITLE Secretary
3.2 NAME Philip J. Pellicane
3.3 STREET ADDRESS 681 N.E. Helicon Lane
3.4 CITY - ST - ZIP Pt. St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl Lemaster Pellicane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96 (561) 340-3091
DATE DAY MONTH YEAR