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Apr 29 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 # M36049 (8)

1. Corporation Name
LE MASTER, INCORPORATED

Principal Place of Business
5501 S W 19 ST.
PLANTATION FL 33317-2944

Mailing Address
5501 S W 19 ST.
PLANTATION FL 33317-5944



3. Date Incorporated or Qualified 07/31/1986
3a. Date of Last Report 07/26/1996

2. Principal Place of Business
21 181 Whitmore Drive
Suite, Apt. #, etc.
22 City & State
23 Pt. St. Lucie, FL
Zip Country
24 34993 25 St. Lucie 29 34983 30 St. Lucie

4. FEI Number 59-2700739
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
LE MASTER, CHERYL D.
5501 SOUTH WEST 19TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name Philip S. Pellicane
82 Street Address (P.O. Box Number is Not Acceptable) 181 Whitmore Drive
83
84 City Pt. St. Lucie FL 85 Zip Code 34983

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 Philip S. Pellicane
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/19/97

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME LE MASTER, CHERYL D.
STREET ADDRESS 681 NE HELICAN LANE
CITY-ST-ZIP PORT ST. LUCIE FL
TITLE ☐ DELETE
NAME LEMASTER, DONALD B.
STREET ADDRESS 5501 SW 19 STREET
CITY-ST-ZIP PLANTATION FL
TITLE ☐ DELETE
NAME PELICANE, PHILIP J.
STREET ADDRESS 681 NE HELICAN LANE
CITY-ST-ZIP PORT ST. LUCIE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Secretary ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 681 n.e. Helicon Lane
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 181 Whitmore Drive
2.4 CITY-ST-ZIP Pt. St. Lucie, FL 34983
3.1 TITLE President ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 681 n.e Helicon Lane
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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: Philip S. Pellicane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/19/97 (561) 340-3091

CR2E034 (9/96)