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CORPORATION ANNUAL REPORT 1995



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N25132 (4)
1. Corporation Name
MASTERSERVE ASSOCIATES, INC.

Principal Place of Business Mailing Address
P O BOX 9588 FT. LAUDERDALE FL 33310-6588 **P O BOX 9588 FT. LAUDERDALE FL 33310-6588**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1988** 3a. Date of Last Report **02/02/1994**
4. FEI Number **65-0190502** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SITTER, GENE
2530 W OAKLAND PARK
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2526 W. Oakland Park Blvd**
84 City **Fort Lauderdale** FL 85 Zip Code **33311**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 **Gene C. Sitter, President** 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **SITTER, GENE C**
STREET ADDRESS **2530 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**
TITLE SD
NAME **SITTER, LORETTA**
STREET ADDRESS **2530 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**
TITLE TD
NAME **TOUPIN, BILL**
STREET ADDRESS **6231-3 BAY CLUB DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**
TITLE C
NAME **CHRIST, J**
STREET ADDRESS **2530 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME **SITTER, GENE C**
1.3 STREET ADDRESS **2526 W. Oakland Park Blvd**
1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**
2.1 TITLE SD Change Addition
2.2 NAME **SITTER, LORETTA M.**
2.3 STREET ADDRESS **2526 W. Oakland Park Blvd.**
2.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE C Change Addition
4.2 NAME **CHRIST, J**
4.3 STREET ADDRESS **2526 W. Oakland Park Blvd.**
4.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**
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 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: **Gene C. Sitter, President** 4-17-95 305-735-8800
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR Date (Daytime Phone)