

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004361 (2)**

1. Corporation Name

M.A.S.H., INC.

Principal Place of Business

Mailing Address

**1300 NW 31 AVE
FT. LAUDERDALE FL 33311**

**1300 NW 31 AVE
FT. LAUDERDALE FL 33311-5012**



3. Date Incorporated or Qualified **09/28/1993** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business **3200 W. OAKLAND PK BLVD** 2a. Mailing Address **3200 W. OAKLAND PK BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number **65-0381876** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State **FT. LAUD FL.** 28. City & State **FT. LAUD FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip **33311** Country **USA** 29. Zip **33311** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATLUK, SALLY E
1300 NW 31 AVE
FT. LAUDERDALE FL 33311**

81. Name **MATLUK, SALLY E**
82. Street Address (P.O. Box Number is Not Acceptable)
83. **3200 WEST OAKLAND PARK BLVD.**
84. City **FT. LAUDERDALE** FL 85. Zip Code **33311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.1508, Florida Statutes.

SIGNATURE **Sally E. Matluk, Pres.** DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLUK, SALLY E	1.2 NAME	
STREET ADDRESS	1300 NW 31 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TONI	2.2 NAME	
STREET ADDRESS	11881 NW 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, SUZANNE	3.2 NAME	
STREET ADDRESS	791 MIDDLE RIVER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, ANN M	4.2 NAME	
STREET ADDRESS	3300 NE 40 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGE, DANA	5.2 NAME	
STREET ADDRESS	3061 NE 40 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33307	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 **Sally E. Matluk, President** DATE **4/25/97** 954.463.8905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034980

CR2E037 (9/96)