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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90089 012 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004361**

1. Corporation Name

**M.A.S.H., INC.**

Principal Place of Business

3200 W OAKLAND PK BLVD  
FT. LAUDERDALE FL 33311  
US

Mailing Address

3200 W OAKLAND PK BLVD  
FT. LAUDERDALE FL 33311  
US



2. Principal Place of Business

21 **1140 So East 3rd Ave**

Suite, Apt. #, etc.

22 **City & State**  
**Ft. Lauderdale Fl. USA**

23 **Zip** **Country**  
**33316 USA**

24 **33316** 25 **USA**

2a. Mailing Address

26 **1140 So. East 3rd Ave**

Suite, Apt. #, etc.

27 **City & State**  
**Ft. Lauderdale Fl.**

28 **Zip** **Country**  
**33316 USA**

29 **33316** 30 **USA**

3. Date Incorporated or Qualified

**09/28/1993**

4. FEI Number  
**65-0381876**

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

9. Name and Address of Current Registered Agent

**MATLUK, SALLY E**  
**3200 WEST OAKLAND PARK BLVD**  
**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

84 City

**FL**

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**1-14-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MATLUK, SALLY E	
STREET ADDRESS	1300 NW 31 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VSD	DELETE
NAME	BROWN, TONI	
STREET ADDRESS	11881 NW 2ND ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VSD	DELETE
NAME	STUART, SUZANNE	
STREET ADDRESS	791 MIDDLE RIVER DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	TD	DELETE
NAME	COUTTS, DONNA	
STREET ADDRESS	521 LAKESIDE CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
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	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** *[Signature]* **Denise BL RR**

Date

Daytime Phone #

**954-7713815**

CRZE037 (11/98)