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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002244 (8)**

1. Corporation Name

THE MASTER'S SONS, INC.



Principal Place of Business	Mailing Address
730 59TH STREET SUITE A WEST PALM BEACH FL 33407	730 59TH STREET SUITE A WEST PALM BEACH FL 33407

2. Principal Place of Business	2a. Mailing Address
21	25 P.O. Box 8755
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 W.P.B. FL.	28
Zip	Zip
24	29 33407
Country	Country
25	30 U.S.A.

3. Date Incorporated or Qualified	
04/21/1997	
4. FEI Number	Applied For
65-0755589	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BOHANNON, KENNETH
3407 AVENUE VILLANDRY
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name	LORENZO M. STEWART
82 Street Address (P.O. Box Number is Not Acceptable)	730 59TH ST.
83	SUITE A
84 City	W.P.B. FL
85 Zip Code	33407

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 **LORENZO M. STEWART** *Lorenzo M. Stewart* **2-1-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	KENNETH BOHANNON	
STREET ADDRESS	3407 AVENUE VILLANDRY	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY / DIR. / T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IAN VANTUUL	
1.3 STREET ADDRESS	25 N.E. 87 ST.	
1.4 CITY-ST-ZIP	EL PORTAL FL. 33138	
2.1 TITLE	V.P. / DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEXTER GRANT	
2.3 STREET ADDRESS	6410 S.W. 62ND CT.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33143-3309	
3.1 TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LORENZO M. STEWART	
3.3 STREET ADDRESS	730 59 ST.	
3.4 CITY-ST-ZIP	W.P.B. FL. 33407-2532	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE **Lorenzo M. Stewart** *L.M. STEWART* **2-1-98** **561-754-3410**

CR2E037 (10/97)