

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 007 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002244

1. Corporation Name

THE MASTER'S SONS, INC.

607274 - 90005 - 7

Principal Place of Business

730 59TH STREET
SUITE A
WEST PALM BEACH FL 33407

Mailing Address

P.O. BOX 8755
W.P.B. FL 33407


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b. 6410 SW 62 Ct.		04/21/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Miami, Florida		65-0755539	
24 Country		29 33143		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30 Dada		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STEWART, LORENZO
730 59TH STREET
SUITE A
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name	Dexter L Grant
82 Street Address (P.O. Box Number is Not Acceptable)	6410 Southwest 62 court
83	
84 City	So. Miami
85 Zip Code	FL 33143

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SOT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANTUU, IAN	1.2 NAME	
STREET ADDRESS	25 NE 87 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL PORTAL FL 33138	1.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, DEXTER	2.2 NAME	
STREET ADDRESS	6410 SW 62ND CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143-3309	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, LORENZO M	3.2 NAME	
STREET ADDRESS	730 59 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL 33407-2532	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-99

Date

(305) 450-9403

Daytime Phone #

CR2E037 (5/99)