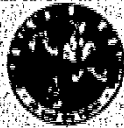


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33636 (2)

1. Corporation Name
MAS, INC.

Principal Place of Business
150 WOOD RD
STE 302
BRANTREE MA 02184
US

Mailing Address
5725 CORPORATE WAY
STE 102
WEST PALM BEACH FL 33407
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/18/1991
3a. Date of Last Report 04/22/1994

4. FEI Number 04-3314163
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

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

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

9. Name and Address of Current Registered Agent
RIDGE, VIRGINIA P.
5725 CORPORATE WAY
STE 102
WEST PALM BEACH FL 33407

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Virginia P. Ridge, Comptroller DATE 2/15/95
Signature, typed or printed name of registered agent on this form 4 duplicate. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE CDP
NAME CONANT, JAMES
STREET ADDRESS 124 LAKESHORE DR G37
CITY- ST- ZIP NORTH PALM BCH FL
TITLE VST
NAME CONANT, JAMES
STREET ADDRESS 124 LAKESHORE DR G37
CITY- ST- ZIP NORTH PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 120 Pegasus Drive
1.4 CITY- ST- ZIP JUPITER FL 33477
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 120 Pegasus Drive
2.4 CITY- ST- ZIP JUPITER FL 33477
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chairman or on an attachment with an address.

SIGNATURE: [Signature] DATE 3/15/95 407-697-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)