

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39713

(3)

1. Corporation Name

MAS PROPERTIES CORPORATION

Principal Place of Business

Mailing Address

**33 N GARDEN ST
CLEARWATER FL 34615
US**

**600 CLEVELAND ST., SUITE 900
CLEARWATER FL 34615
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1992

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

26. Mailing Address

21 600 Cleveland St.

26 1105 Schrock Rd.

4. FEI Number

31-1284753

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 970

27 Suite 206

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 Clearwater, FL

28 Columbus, OH

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 34615

25

29 43229

30

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

**DEAN, DENNIS
33 N GARDEN ST
CLEARWATER FL 34615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600 Cleveland St.

83 Suite 970

84 City

Clearwater,

FL

85 Zip Code

34615

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
WHALEY, RICHARD J.
1105 SCHROCK RD #206
COLUMBUS OH**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DEAN, DENNIS
33 N GARDEN ST
CLEARWATER FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

**600 Cleveland St. Suite 970
Clearwater, FL 34615**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MCVAY, TOM D.
1105 SCHROCK RD #206
COLUMBUS OH**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state under 607(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 has the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN, DENNIS 4/17/95 441-3131