

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000013399 (0)

1. Corporation Name
MASS ENGINEERING, INC.



Principal Place of Business 1647 ACME ST ORLANDO FL 32805 US	Mailing Address PO BOX 5117 OCALA FL 34478 US
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2. Principal Place of Business 21 2609 Delcrest Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32817	2a. Mailing Address 26 2609 Delcrest Dr. Suite Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32817
Country 25 U.S.A.	Country 30 U.S.A.

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 06/06/1995
4. FEI Number 59-3154501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FAKHOURY, EMAD A.F. 1021 SW 17 ST OCALA FL 34474	10. Name and Address of New Registered Agent 81 Name Wayde Alfarone 82 Street Address (P.O. Box Number is Not Acceptable) 2609 Delcrest Dr. 83 84 City Orlando FL 85 Zip Code 32817
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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 Wayde Alfarone **Wayde Alfarone (President)** 6/12/96
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																				
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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayde Alfarone **Wayde Alfarone** 6/12/96 **(407)872-3044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)