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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Malino Address

1996

P93000056414 (4) **DOCUMENT #**

RON MASON INSURANCE AGENCY, INC.



Principal Place of business		****							
11208 PARK BLVD. SEMINOLE FL			P.O. BOX 3651 SEMINOLE FL 34642-0651						
						 Date Incorporated or Qualified 08/09/1993 		of Last Report 04/19/1995	
2. Principal Place of Business			, Maiung Address			4. FEI Number 59-3202386	Applied For Not Applicable		
Suite, Apt #, etc.		26	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State			City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country		Zip	Counti	у	This corporation has liability for florida Statutes	intangible ta	ax under s 199.032,	
24 25 29 30 30 9. Name and Address of Current Registered Agent			1301	10. Name and Address of New Registered Agent					
g, Name	and Address of Co	ment negis	nareo Agont	8	1				
MASON, RON 11208 PARK BLVD. SEMINOLE FL 34642			82 Street		2 Street Adi	dress (P.O. Box Number is Not Acceptat	ole)		
				8	3				
				8	1 7		FL	85 Zip Code	
11. Pursuant to the provis or registered agent, or familiar with, and acce					named corp rporation's bo	ioration submits this statement for the pu pard of directors. Thereby accept the app	irpose of ch pointment as	anging its registered office s registered agent. I am	
SIGNATURE	tal name of real story	Sapota ditto	Lagrandian (N	chi RejuleostA	şert signaturi, rece	and when in color of	DATE		

12.	parties takes to printed receive of register stupe trail the atomic objections. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 TITLE	Change Addition
NAME	MASON, RON	1.2 NAME	
STREET ADDRESS	11208 PARK BLVD	1.3 STREET ADDRESS	
CITY-\$1-ZIP	SEMINOLE FL 34642	1.4 CITY - S1 - ZIP	
TITLE	DELETE	2 1 TILLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ACCRESS	
		2.4 CHY-ST-ZIF	
CITY - ST - ZIF	DELETE	3 1 THLE	Change Addition
NAME		3.2 NAME	
STREET ADORESS		3.3 STREET ADDRESS	
I		3 4 CHY - \$1 - ZIF	
CITY-ST-ZIP TITLE	DELETE	4 1 Tifut	Change Addition
NAME		4.2 NAME	
1		4.3 STREET ADDRESS	
STREET ADDRESS		4.4.0:TY - ST - Z:P	
CITY-ST-ZIP TITLE	DELETE	5 1 TiTLE	Change Addition
1 i	-	5.2 NAME	
NAME		5 3 STREET ADDRESS	
STREET ADDRESS		5.4.C(1) V - ST - Z(2)	The state of the s
JCJTY - S1 - ZIP	DELETE	6 1 TILE	Change Addition
-FITLE		6.2 NAMS	
NAME		6.3 STREET ADDRESS	

CITY-ST-ZIF

14. I do hereby certify that the information supplied with this firing 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 or this annual report or supplicated annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director darker 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 changed, or on an attact point with an address.

SON, President

4-16-96

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