

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000064825 (1)**  
 1. Corporation Name  
**MAS COMPUTER, INC.**



Principal Place of Business <b>2515 NORTH STATE ROAD 7                  SUITE 205                  MARGATE FL 33063</b>	Mailing Address <b>2515 NORTH STATE ROAD 7                  SUITE 205                  MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>MAS Computer Inc</b>		26 <b>MAS Computer Inc.</b>		09/13/1993	
22 <b>7874 W Sample Rd</b>		27 <b>7874 W Sample Rd</b>		4. FEI Number	
23 <b>Margate FL</b>		28 <b>Margate FL</b>		65-0440728	
24 <b>33065</b>		29 <b>33065</b>		Applied For	
25 <b>Florida</b>		30 <b>FL</b>		Not Applicable	
8. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
<b>SPIES, THOMAS A                  6531 N.E. 21ST WAY                  FT. LAUDERDALE FL 33308</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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.				6. Election Campaign Financing Trust Fund Contribution	
SIGNATURE <b>Thomas A Spies</b>				<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Signature, typed or printed name of registered agent and title, if applicable				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
SIGNATURE <b>Thomas A Spies</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature, typed or printed name of registered agent and title, if applicable				DATE <b>4/20/98</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SPIES, THOMAS A                  6531 N.E. 21ST WAY                  FT. LAUDERDALE FL 33308</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			

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 **Thomas A Spies** DATE **4/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ MARIO A</b>	1.2 NAME	
STREET ADDRESS	<b>5080 N.W. 54TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIES, PATRICIA A</b>	2.2 NAME	
STREET ADDRESS	<b>6531 N.E. 21ST WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, MARIO M</b>	3.2 NAME	
STREET ADDRESS	<b>5080 N.W. 54TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIES, THOMAS A</b>	4.2 NAME	
STREET ADDRESS	<b>6531 N.E. 21ST WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE		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		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas A Spies** DATE: **4/20/98** FILE NO: **954-246-1419**

CR2E034 (10/97)