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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000082459 (7) DOCUMENT

BUSY MASTERS, INC.

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1700 S.W. 57TH AVE. 1700 S.W. 57TH AVE. **SUITE 209** SUITE 209 DO NOT WRITE IN THIS SPACE MIAMI FL 23155 MIAMI FL 23155 3. Date Incorporated or Qualified <u>11/23/1993</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable 65-0455603 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Country Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No Zip Zip 24 25 29 30 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, ARTHUR J 1700 S.W. 57TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 **MIAMI FL 23155** 84 City 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. If 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. AR THUR OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE ☐ Change Addition TITLE 1.1 TITLE MILLER, ARTHUR J 1.2 NAME NAME 1700 S.W. 57 AVE., SUITE 209 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE REY-MILLER, AVA 2.2 NAME 1700 S.W. 57 AVE., SUITE 209 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** 2 4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY - ST - ZIP Change DELETE ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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, on an attachment with an address.