

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000034177 (3)

1. Corporation Name

MASTER'S UNLIMITED, INC.



Principal Place of Business

Mailing Address

984 W STATE RD. 434 #234
LONGWOOD FL 32750

PO BOX 151133
ALTAMONTE SPRINGS FL 32715-1133

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3251431

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1006 W. State Rd 434

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 266

27

City & State

City & State

23 Longwood, FL

28

Zip

Country

Zip

Country

24 32750

25 Seminole

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, F W
984 W STATE ROAD 434
#234
LONGWOOD FL 32750

81 Name

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

1006 W. STATE Rd. 434

83

Suite 266

84

City Longwood,

FL

85 Zip Code

32750

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

TITLE D ☒ DELETE
NAME NORRIS, M P
STREET ADDRESS 984 W STATE 434 #234
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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

Date

Daytime Phone #

04-25-96 (407) 699-6605

CR2E034 (12/95)