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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISIÓN OF CORPORATIONS

1996

STREET ADDRESS

SIGNATURE:

P94000039896 (3) DOCUMENT #

1. Corporation Name

MASS CONCIERGE INC

UNNOO C	OHOLHOL, IIIO							
Principal Place o	of Business	Mailing Address			1 10011001 110 10111 01011 00111 0011			
125 CRAWFOR		125 CRAWFORD BLVD:						
BOCA RATON	FL 33432	BOCA RATON FL 33432	2		Date Incorporated or Qualified 05/26/1994		te of Last Rep 5/01/1995	
2. Principal Plac	of B reiners	2a. Mailing Address			4. FEI Number		Ar	oplied For
2. Principal Plac 21	de of positiess	26			65-0504259			at Applicable
Suite, Apt. #.	, etc	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & State			6. Election Campaign Financing		,	May Be to Fees
23		28			Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	Country 30	y	Florida Statutes	es V No	tex unacro	
24	9. Name and Address of Curren	29 29 Agent	1301		10. Name and Address of Nev	Registere	d Agent	
	9. Haine and Addiess of Carre		B1	Name				
CHANSEN, ANDREW M			82	2 Street Add	ress (P.O. Box Number is Not Accep	table)		
	wford BLVD. Aton FL 33432		8	3				
	o the provisions of Sections 607 0500 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec		84	i '		F	-	Code
SIGNATURE		D DIRECTORS	13.		ADDITIONS/CHANGES TO C	DATE DEFICERS A		RS IN 12
TITLE	DPS OTERUSAL P	☐ DELETE	1 1 J.JLI 1 2 NAM					
NAME	GULEFF, STEPHEN P			FT ADDRESS				
STREET ADDRESS	125 CRAWFORD BLVD. BOCA RATON FL 33432		1.4 OITY	1				
CITY - ST - ZIP TITUE	DVT	DEFFIE	2 1 1/1				Change	☐ Addition
NAME	CHANSEN, ANDREW M		2.2 NAM	E				
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CITY-ST-ZIP	BOCA RATON FL 33432	ED by LLC		- ST - ZIP			☐ Change	Addition
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NAME	NEUSTAEDTER, JEFFREY 125 CRAWFORD BLVD.			ELITADORESS				
STREET ADDRESS	BOCA RATON FL 33432			r ST-ZIP				
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NAME			6.2 NA	ME				
CONTEL ADDRESS	į		6.3 S T	RET ADDRESS				

14. I do hereby certify that the information supplied with this forigins voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3/jk). 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 offact as if made under oath; that I am an officer or director of the cooperation of the coopera

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICE OR MEETOR

6-196 954-423-2399