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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # P94000042311 (8)

1. Corporation Name

MASTERS CONCEPTS INC.

Principal Place of Business:
19 SILK OAKS DRIVE
ORMOND BEACH FL 32176

Mailing Address:
19 SILK OAKS DRIVE
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business: 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3245112 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

MCCULLOUGH, EUGENE H
170 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	KELLY, WILLIAM M	1.2 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	[ ] Change [ ] Addition
NAME	KELLY, JUDITH A	2.2 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	KELLY, ERIN L A	3.2 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	[X] Change [ ] Addition
NAME	KELLY, SHAWN M	4.2 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE	4.3 STREET ADDRESS	6458 Frost Avenue
CITY-ST-ZIP	ORMOND BEACH FL 32176	4.4 CITY-ST-ZIP	Columbia, South Carolina 29203
TITLE	D	5.1 TITLE	[X] Change [ ] Addition
NAME	KELLY, COLLEEN J	5.2 NAME	Colleen J. Petersen
STREET ADDRESS	19 SILK OAKS DRIVE	5.3 STREET ADDRESS	1330G Old Kings Rd.
CITY-ST-ZIP	ORMOND BEACH FL 32176	5.4 CITY-ST-ZIP	Holly Hill, FL. 32117
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(1)(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: Judith A. Kelly, President — Feb. 2, 1995 904-441-0576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judith A. Kelly

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