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 # **P94000042311 (8)**

1. Corporation Name

MASTERS CONCEPTS INC.

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

3. Date Incorporated or Qualified: **05/31/1994**

3a. Date of Last Report: **02/16/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ 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

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KELLY, WILLIAM M		12 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KELLY, JUDITH A		22 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE		23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, ERIN L A		32 NAME	
STREET ADDRESS	19 SILK OAKS DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KELLY, SHAWN M		42 NAME	
STREET ADDRESS	6458 FROST AVE		43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	PETERSEN, COLLEEN J.		52 NAME	
STREET ADDRESS	1330 OLD KINGS RD		53 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and accurate; is executed in accordance with 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: Judith A. Kelly, President 3/15/96 904-441-0576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Judith A. Kelly