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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D KELLY, WILLIAM M**  
STREET ADDRESS **19 SILK OAKS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D KELLY, JUDITH A**  
STREET ADDRESS **19 SILK OAKS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **D KELLY, ERIN L A**  
STREET ADDRESS **19 SILK OAKS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

3.2 NAME **D KELLY, ERIN L A**  
3.3 STREET ADDRESS **6 BURTON PLACE**  
3.4 CITY-ST-ZIP **PALM COAST, FL. 32137**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D KELLY, SHAWN M**  
STREET ADDRESS **6458 FROST AVE**  
CITY-ST-ZIP **COLUMBIA SC**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D PETERSEN, COLLEEN J.**  
STREET ADDRESS **1330 OLD KINGS RD**  
CITY-ST-ZIP **HOLLY HILL FL**

5.2 NAME **D PETERSEN, COLLEEN J.**  
5.3 STREET ADDRESS **31 N. MAIN ST. APT. 314**  
5.4 CITY-ST-ZIP **WATERBURY, VT. 05676**

TITLE ☐ DELETE

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 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, or on an attachment with an address.

SIGNATURE: *William Kelly* **WILLIAM KELLY**

*April 8, 1998* **(904) 441-0576**

CR2E034 (10/97)