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Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056690 (8)

1. Corporation Name

MASON BLAU AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2555 NURSERY RD 104 CLEARWATER FL 04624 US		2555 NURSERY ROAD 104 CLEARWATER FL 04624 US	
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 33764 25		29 33764 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAVITZ, EDWARD O 220 SOUTH FRANKLIN STREET TAMPA FL 33602		81 Name Robert H. Blau 82 Street Address (P.O. Box Number is Not Acceptable) 4034 Huntington St. N.E. 83 84 City St. Petersburg FL 85 Zip Code 33703	

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 Robert H. Blau, *Robert H. Blau* VICE PRESIDENT 6-3-98
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	PSAT	1.1 TITLE	
NAME	MASON, MICHAEL R	1.2 NAME	
STREET ADDRESS	1375 WHITACRE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	
NAME	BLAU, ROBERT H	2.2 NAME	
STREET ADDRESS	4034 HUNTINGTON ST. NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 Robert H. Blau, *Robert H. Blau* VICE PRESIDENT 6-3-98 (83) 530-0570

CR2E034 (10/97)