

P95000005722

1/2/95

FL. Div. OF INV.

P.O BOX 6327

TALLAHASSEE, FL 32314

800001371618  
-01/05/95--01087--012  
\*\*\*\*122.50 \*\*\*\*122.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 23 AM 8:32

PLEASE FILE THIS PAPERWORK

ESTABLISH THIS CORPORATION AND SEND ME

TRAD EMPLOYER I.D. #. THANK YOU IN

ADVANCE FOR YOUR HELP.

JOHN ZIGLAR

789  
531  
524-TR.S.  
671

John Ziglar  
JAZ  
W95-589



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 10, 1995

JOHN ZIGLAR  
5100 AUTUMN RIDGE LN.  
WINDERMERE, FL 34786

SUBJECT: MASTER STRATEGIES INC.  
Ref. Number: W9500000589

We have received your document for MASTER STRATEGIES INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

PLEASE USE THE FORMS ENCLOSED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 495A00000972

## ARTICLES OF INCORPORATION

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DIVISION OF CORPORATIONS  
95 JAN 23 AM 8:32

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: *MASTER STRATEGIES INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*5100 AUTUMN RIDGE LANE  
WINDERMERE, FL. 34786*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*2000*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*JOHN ZIGLAR  
5100 AUTUMN RIDGE LANE  
WINDERMERE, FL. 34786*

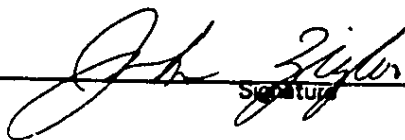
**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOAN ZIGLAR  
5100 AUTUMN RIDGE LANE  
WINDER MERE, FL. 34786

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of JANUARY, 19 95.

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**Articles of Incorporation**  
**Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MASTER STRATEGIES INC.

2. The name and address of the registered agent and office is:

JOHN ZIGLAR  
(Name)

5100 AUTUMN RIDGE LANE  
(P.O. Box not acceptable)

WINDER MERE, FL. 34786  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

John Ziglar  
(Signature)

11/10/95  
(Date)

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DIVISION OF CORPORATIONS  
95 JAN 23 AM 8:32

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 SEP 06 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005722 (0)**

1. Corporation Name

**MASTER STRATEGIES INC.**

Principal Place of Business

Mailing Address

5100 AUTUMN RIDGE LN  
WINDERMERE FL 34706

5100 AUTUMN RIDGE LN  
WINDERMERE FL 34706



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5101 AUTUMN RIDGE LN		21 5101 AUTUMN RIDGE LN		01/23/1985		1/23/95	
22 Suite, Apt #, etc		22 Suite, Apt #, etc		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 City & State		23 WINDERMERE FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		24 34786		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		25 ORANGE		7. This corporation has liability for intangible tax under s. 199.332, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZIGLAR, JOHN 5100 AUTUMN RIDGE LN WINDERMERE FL 34706				81 Name JOHN ZIGLAR 82 Street Address (P.O. Box Number is Not Acceptable) 5101 AUTUMN RIDGE LN 83 City WINDERMERE FL 85 Zip Code 34786			
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 agent 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 JOHN ZIGLAR				DATE 9/1/96			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	11 TITLE	
NAME	JOHN ZIGLAR	12 NAME	
STREET ADDRESS	5101 AUTUMN RIDGE LN	13 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE, FL 34786	14 CITY - ST - ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/96

Date

(407) 654-2804

Daytime Phone #

CR2E034 (3/96)