


**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90048 045 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000014527</b> 1. Corporation Name <b>MASFORCE, INC.</b>					
Principal Place of Business 2895 46TH AVENUE NORTH ST PETERSBURG FL 33714			Mailing Address 2895 46TH AVENUE NORTH ST PETERSBURG FL 33714		
2. Principal Place of Business 21 Suite, Apt., #, etc.		2a. Mailing Address 26 Suite, Apt., #, etc.		3. Date Incorporated or Qualified 02/20/1995	
22 City & State		27 City & State		4. FEI Number 59-3385762	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>MASTRY, CONSTANTINE E</b> <b>2895 46TH AVENUE NORTH</b> <b>ST PETERSBURG FL 33714</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <u>Constantine E. Masty</u> (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MASTRY, ADIB				
STREET ADDRESS	1281 79TH ST. S				
CITY-ST-ZIP	ST PETERSBURG FL 33707				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	MASTRY, CONSTANTINE E				
STREET ADDRESS	8360 73RD COURT				
CITY-ST-ZIP	PINELLAS PARK FL 33781				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	MASTRY, RICHARD W				
STREET ADDRESS	2220 PINELLAS PT DR S				
CITY-ST-ZIP	ST PETERSBURG FL 33712				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constantine E. Masty

Date

Daytime Phone #

5/10/99

522 9471

CR2E034 (11/98)