## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2200 LUCIEN WAY

SUITE 350

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

2200 LUCIEN WAY SUITE 350



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000014781 (5)

MAS TWO GENERAL PARTNER, INC.

MAITLAND FL 32	?/51	MAITLAND FL 3	MAITLAND FL 32/51-7019						
						Date Incorporated or Qualified			
						02/22/1995	04/19/1		
2. Principal Plac 21	ce of Business	26 Mailing Add	2a. Mailing Address			4. FEI Number Applied Fo 65-0565799 Not Applied			·····
Suite, Apt. #,	, etc	Suite, Apt.	Suite, Apt. #, etc.				□ \$8	.75 A	dditional
22		27	27			5. Certificate of Status Desired		Fee Req	uired
Cily & State	To the transfer of the second	City & State	City & State			Election Campaign Financing     \$5.00 May Be			
23		28				Trust Fund Contribution			
Zip	Country Zip (		Country		8. This corporation has liability for in			199.032,	
24					Florida Statutes 📈 Yes 🗌 No				
	9. Name and Address	of Current Registered Agent				10. Name and Address of New Reg	istered Agent	1	
WINT	ers, elise k p.a.			81	Name ,				
600 CLEVELAND STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 940									
CLEA		83		4.6					
				84	City		<b>85</b>	Zip Ce	ade
				۳.	Ony		FL 🏻	Z-P C	Jue
office or req agent I am SIGNATURE	gistored agent, or both, in Famil ar with, and accept	the State of Florida, Such cha the obligations of, Section 607 region diagraph and tile if applicable	nge was autho '.0505, Florida	rized by Statutes	y the corpor s.	rporation submits this statement for the pration's board of directors. I hereby acceptions when reinstained	t the appointment	ent as re	egistered
12.		CERS AND DIRECTORS		13.	an egratora red	ADDITIONS/CHANGES TO OFFIC		CTORS	IN 12
TiTLE	D		·	1.1 TITLE	<del></del>		C		Addition
	LIVINGSTON, GEORG	<del>-</del>		1.2 NAME				•	
	2200 LUCIEN WAY, S			1.3 STREET	ADDRESS				
	MAITLAND FL 32751	OHE SOO		1.4 CITY-S					
THLE	MAILWID IL OSIDI			2.1 TITLE	) ( - ZIF	······································	TIC	hange	Addition
NAME		<del></del> ,		2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS	,;			
CHY-ST-ZIP				2. 4 CHY-!					
Title		П		3.1 TITLE	51-217		TTc	hange	Addition
NAME		-	1	3.2 NAME					
STREET ADDRESS			1	3.3 STREET	ADDRESS	•			
City - ST ZiP			-	3.4 CITY-!					
TIFLE		П		4.1 TITLE	31-211		Пс	hange	Addition
NAME		<del></del>		4. 2 NAME			_	Ū	_
STREET ADDRESS			1	4.3 STREET	ADDRESS				
DITY - ST - ZiP			1	4.4 CITY-S					
TITLE	· · · · · · · · · · · · · · · · · · ·	П		5.1 TITLE	21-211	· · · · · · · · · · · · · · · · · · ·	C	hange	Addition
NAME			1	5.2 NAME					
STREET ADDRESS			1	5.3 STREET	ADORESS				
CHTY-ST-ZIP				5.4 CITY - S					
TITLE		Πī		6.1 TITLE	/1 411		Πċ	hange	Addition
NAME			1	6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
14. I do hereby	certify that the information	on supplied with this filing does		6.4 CITY-S the exe		ed in Section 119.07(3)(i), Florida Statutes	. Llurther certi	fy that th	16
information Lam an offic	indicated on this annua! cer or director of the corp	report or supplemental annual	report is true a se empowered	nd accu to exec	urate and th	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if ma	ade unde	er oath: that