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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000054310 (4) DOCUMENT #

MAS FAMILY CORP.

**FILED** Jan 22 1998 8:00am Secretary of State



Principal Place of E	Businoss	Mading Add	Mailing Address									
200 LAURA STREE	_	200 LAURA STREET										
JACKSONVILLE FL 32202		JACKSONVILLE FL 32202										
								DO NOT WRI		PACE		
							3.	<ul> <li>Date Incorporated or Qualified 07/12/1995</li> </ul>	1			
2. Principal Place	2a. Mailing Address					4.	. FEI Number		A	oplied For		
21	26						<del>59-3324937</del>		N	ot Applicable		
Sulte, Apt. #, etc	Suite, Apt. #, etc.						Certificate of Status Desired			Additional		
22	27					- 0.	, Columbato di Biatao Bostico		Fee R	equired		
City & State	City & State					6.	. Election Campaign Financing	_		May Be		
3		28									to Fees	
Zip	Country	Zip			untry		8.	. This corporation owes or has p	_		1	
24	25     Name and Address of Current	29		30	1			Personal Property Tax due Jui Name and Address of New F			_ No	
		r Hedistelen Må	BIII		81	Name	10.	, Heilio allu Audioss di Hem I	rodistolen v	Bour	<del></del>	
F&L OC	ura street					rtanto						
					Street A	Address (F	P.O. Box Number is Not Accept	able)				
JAUNSI	ONVILLE FL 32202				83	· · · · · · · · · · · · · · · · · · ·						
					"							
					84	City			FL	<b>85</b> Zip	Code	
Ta Discount to the	provisions of Sections 607,0502	2 and CO2 1509	Clasida Ctatut	an the	) )	namnd .	corporatio	on authorite this statement for the		changing i	te registered	
office or registe	ered agent, or both, in the State.	of Florida. Such i	change was a	ıuthorize	ed by	the corp	oration's l	board of directors, I hereby acc	ept the appo	ointment as	registered	
agent. I am far	miliar with, and accept the obliga	itions of, Section	607.0505, FIG	rida Sta	itutes	i.						
SIGNATURE	um, typed or proted name of registered agmi	J and bile if ecolouple	/MOTI	Bugislar	ad Ann	nl e ovalure i	required wher	o reinstalino)	DATE			
12.	OFFICERS AND		(NO)	13.		in a gradue	_ <u> </u>	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	
TITLE U				ITLE			7.00,770,70,00,771,70,00		Change	Addition		
NAME S	efton, John T			1.2 /	NAME							
	00 LAURA STREET		1.3 5		1.3 STREET ADDRESS							
	ACKSONVILLE FL 32202		1.4		1.4 CITY-ST-ZIP						i	
TITLE			2.1 TITLE					Change	Addition			
NAME			2.2 N		2.2 NAME						Ī	
STREET ADDRESS			2.3 STRE			address						
CITY-ST-ZIP				2. 4	CITY-S	1 - ZIP						
TITLE		I	DELETE	3.11	ITLE					Change	Addition	
NAME				3.2 8	AME							
STREET ADDRESS				3.3 5	STREET	ADDRESS						
CITY-ST-ZIP				3.4.	CITY-5	T-ZIP						
TITLE			DELETE	4.1 1	ITLE	3				Change	☐ Addition	
NAME				4. 2	NAME							
STREET ADDRESS				4.3 9	STREET	ADDRESS						
CITY-ST-ZIP				4.4 (	CITY-S	T- ZIP						
TITLE			DELETE	5.11	ITLE					Change	L_I Addition	
NAME				5.21	AME							
STREET ADDRESS				5.3 9	STREET	ADDRESS						
City-ST-ZIP				5.4 (	HTY-S	I - ZIP						
TITLE		Ţ	DELETE	611	ITLE					Change	☐ Addition	
NAME				6.21	AME							
STREET ADDRESS				635	STREET	ADDRESS						
CITY-ST-ZIP					CITY-S							
4.4 I boroby costifu	that the information supplied we	thattie filing does	not qualify to	r the ev	omn	ion etato	d in Soction	on 119 07/3\fi\ Florida Statutos	Hurther cor	tifu that the	information 1	

indicated on this annual report or supplies with uning does not qualify in the exemption stated in Section 119.07(3)(), Florida Statutes. Intriner certify that the informatic indicated on this annual report or supplemental uninvit 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 register of 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 advantant with an address.