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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000090644 (2)

MASUSMA, INC.

Principal Place of Business	Mailing Address
103 NW 43 STREET BOCA RATON FL 33431 US	4500 OAK CIR. BOCA RATON FL 33431

FILED Apr 29 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			I OBIN OBNIO EDIN DENO DUN BION DIBLO
103 NW 43 STREET 4500 OAK CIR.					
BOCA RATON FL 33431 BOCA RATON FL 33431			11	DO NOT WE	RITE IN THIS SPACE
1 09				3. Date Incorporated or Qualific	
1				11/27/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0631396	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate di Status Desired	Fee Required
City & State City & State			6. Election Campaign Financing		
Zip	T. Countries	[28]	1 0	Trust Fund Contribution	Added to Fees
24	Country	Zφ	Country		paid the current year Intangible
24]	25 S. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due J 10. Name and Address of New	
144	· · · · · · · · · · · · · · · · · · ·	Trogistorea Agent	81 Name	IV. Name and Address of New	negistered Agent
	RELL, WILLIAM J			1	
1601 FORUM PL., STE. 1101 WEST PALM BEACH FL 33401			82 Street	Address (P.O. Box Number is Not Accep	otable)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ST FALM BEAUTI PL 33401		83		
]			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Stati	utes, the above-named	corporation submits this statement for the	o purpose of phonoine its registered
I onice or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e or Fronda. Such change was	s authorized by the corr	poration's board of directors. I hereby ac	cept the appointment as registered
SIGNATURE	The state of the state of the orang	(anona di, occion dov.occi, i	ronda Statules.		
SIGNATURE	Signature, typed or panted name of registered agr	ent and title if applicable (NO	OTE Angistured Agent's greature	required when roinstating)	DATE
12.		ID DIRLCTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	DP	□ DELETE	1.1 TITLE	OP	Change Addition
NAME	ZIRZOW, MARK C		1.2 NAME	Z:RZOW, MARK C.	
STREET ADORESS	4500 OAK CIR.		1.3 STREET ADDRESS		MET .
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	BOCA RAMO, PC	33431
TITLE	DS STORY OF STORY	DELETE	21 TITLE	os .	Change Addition
NAME	ZIRZOW, SUSAN B		2.2 NAME	ZIRZOW, SILSAY B.	
STREET ADDRESS	4500 OAK CIR.		2 3 STREET ADDRESS	103 NW 43 57RA	309 7
CITY-ST-ZIP TITLE	BOCA RATON FL	DFLETE	2.4 CITY-ST-ZIP	BOCK BATEN, AC	
NAME		L_J DITTER	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	1		3.2 NAME		
CITY-ST-ZIP	•		3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY- ST- ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		L. J DEEL IL	4.1 IIILE 4.2 NAME		L Change Addition
STREET ADDRESS			■ *		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		LJ VERT	5.1 NAME		L. Change L. Addition
STREET ADDRESS			T .		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Change C Moulium
STREET ADDRESS	P		63 STREET ADDRESS		
CITY-ST-ZIP	٠		6.4 CITY-ST-ZIP		
de thereby o	The first of the state of the s		0.4 0117-31-217		

this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information initial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or officer or director of the corporat Block 12 or Block 13 if changed

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