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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000038212 (2)

STAN MASS & ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address		L INDERANDE HIN INITIA NUITE BUILL MUITE AND I	II BOUTE MIND ADNIO GUEST GIBNA ULDI HODI	
5131 SW 188TH AVE FT LAUDERDALE FL 33332		5131 SW 188TH AVE				
FI LAUUERUA	LE FL 33332	FT LAUDERDALE FL 333	32-1327			
				3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report	
2. Principa' P	lace of Business	2a. Mailing Address		4. FEI Number 0.0	Applied For	
21		26		65-06699	/5 Not Applicable	
Suite Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζφ []]	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		Yes No	
201	9. Name and Address of Curren	. Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	OMON, JIM E		81 Name	1		
	US POWERLINE RO		82 Street	Address (P.O. Box Number is Not Acceptate	ole)	
	TE NOS 207-209		ļ			
PUN	MPANO BEACH FL 33369		83			
			84 City	**************************************	85 Zip Code	
<del></del>					FL I'I '	
<b>11.</b> Pursuant : office or r	to the provisions of Sections 607.0502 eastered agent, or both, in the State.	t and 607.1508, Florida Statu of Florida, Such change was	ites, the above-named	d corporation submits this statement for the proporation's board of directors. I hereby accept	surpose of changing its registered	
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.	porations board of directors Thereby accep	of the appointment as registered	
SIGNATURE						
	Signature, typed or ported name of registered ager		TE. Registered Agent signatur		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MASS, STAN		1.2 NAME			
STREET ADDRESS	5131 SW 188TH AVE		1.3 STREET ADDRESS			
City - St - ZiP	FT LAUDERDALE FL 33332		1.4 CiTY - \$T - ZiP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MASS, PATRICIA L		2.2 NAME			
STREET ADDRESS	5131 SW 188TH AVE		2.3 STREET ADDRESS	İ		
CITY - ST - ZIF	FT LAUDERDALE FL 33332		2.4 City-St-ZiP			
THILE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	MASS, GARY E		3.2 NAME			
STREET ADDRESS	5131 SW 188TH AVE		3.3 STREET ADDRESS			
City · St · Zif	FT LAUDERDALE FL 33332		3.4. CITY-ST-ZIP			
TITLE		OELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIF			4.4 CITY - ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET ADDRESS			
CHTY - ST - ZIF			5.4 CITY-ST-ZIP			
Tille		DELETE	61 TITLE		Change Addition	
NAME			62 NAME		-	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIF			6 4 City-St-Zip			
14. I do heret	y certify that the information supplied	with this filing does not qual	ify for the exemption a	stated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	
informatio	n indicated on this annual report or su	ipplemental annual report is t	true and accurate and	d that my signature shall have the same lega report as required by Chapter 607, Florida S	I offect as if made under eath, that	