

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000056010 (7)**

1. Corporation Name

LINDA A. MASI, INC.

Principal Place of Business

Mailing Address

**3160 61ST WAY N
ST PETERSBURG FL 33710**

**3160 61ST WAY N
ST PETERSBURG FL 33710-1761**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5631 PARK ST NO		26 5631 PARK ST NO		07/01/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				230-82-0397		Not Applicable	
23 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 ST PETERSBURG, FL		27 ST PETERSBURG, FL		<input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		28 Election Campaign Financing		Trust Fund Contribution	
24 33709		25 PINELLAS		28 <input type="checkbox"/>		<input type="checkbox"/>	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
29 33709		30 PINELLAS		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAIG, SHERIE 5418 17TH AVE S GULFPORT FL 33707				81 Name PATRICIA DINDA			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				6537 34 TURN NORTH			
				83			
				84 City St Pete			
				FL 85 Zip Code 33710			

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 **PATRICIA DINDA** *Patricia Dinda* DATE **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PSD	1.1 TITLE	
NAME	MAZI, LINDA A	1.2 NAME	
STREET ADDRESS	3160 61ST WAY N	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33710	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	MAZI, LOUIS J	2.2 NAME	
STREET ADDRESS	3160 61ST WAY N	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33710	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	VPD
NAME	HAIG, SHERIE	3.2 NAME	HAIG, SHERIE
STREET ADDRESS	3160 61ST WAY N	3.3 STREET ADDRESS	3160 61ST WAY NORTH
CITY - ST - ZIP	ST PETERSBURG FL 33710	3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	SEE V.P.D	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **LINDA A. MASI** *Linda A Masi* DATE **4/21/97** 813-541-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

0377212

CR2E034 (9/96)