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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000066212**1. Corporation Name

MAS-FIN FINANCIAL SERVICES INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90200 006 ***150.00



				I (BEIGEAL LIGHTER MILL MULL ABILL A	III)& Bilis iisal hana mar saac
Principal Place of Business Mailing Address			•	}	
3409 N.W. 59TH STREET 3409 N.W. 59TH STREET					
BOCA RATON FL 33496 BOCA RATON FL 33496				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	J-AOL
				08/08/1996	
	ace of Business	2a. Mailing Address	0	4. FEI Number	Applied For
21 1097	O LA REINA Rd	26 10970 HA	rina r	G 65-0708499	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	•	27		5. Certificate of Otalias Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 DELR				Trust Fund Contribution	Added to Fees
[™] 3377	Country L 25 USA	Zip	Country	8. This corporation owes the current year Inta	ingible □Yes □No
24 5544		29 33446 30		1 Oldonari Toporty Turk	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name 12.0					
KAHAN, CHARLES E				KAHAN CHARLES	
82 Street Addres				Address (P.O. Box Number is Not Acceptable)	
DOG DITON F. 20100				170 LA RONA ROAD	
BUCA RATUN FL 33496					
			84 City	10. 20.1 2 0 0 0 0 T	85 Zip Code
				PELRAY BEACH FL	334110
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					
Signature, typed or printed name of registered agent and titte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	PTSD	☐ DELETE	1.1 TITLE	PTSP	☐ Change ☐ Addition
NAME	KAHAN, CHARLES E		1.2 NAME	CHIKAHAN CHARLES	\sim
STREET ADDRESS	3405 NW 59TH ST		1.3 STREET ADDRESS	10970 LA REINA ROA	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	DELEAN BEACH FL 3	2 th
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAHAN, CHARLES E		2.2 NAME	_	į
STREET ADDRESS	3405 NW 59TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		2. 4 CfTY-ST-ZiP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
]			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE		المام	4.2 NAME		_ , _
NAME					
_STREET ADDRESS			.4.3 STREET ADDRESS.		
CITY-ST-ZIP		O DELETE	4.4 CITY-ST-ZIP		Change . · Addition
TITLE		☐ DELETE	5.1 TITLE		□ cliange □ Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP 1			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- 7IP			6.4 CITY-ST-ZIP		

14. I 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 tracks ampowered 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, with all other like empowered.

SIGNATURE: