

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90129 043 ***150.00

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DO NOT WRITE IN THIS SPACE

<div>DOCUMENT # P96000069756</div> <div>1. Entity Name MAS OF CENTRAL FLORIDA, INC.</div>				<div>May 13, 2002 8:00 am</div> <div>Secretary of State</div> <div>05-13-2002 90129 043 ***150.00</div>			
<div>Principal Place of Business 15151 NW 99 STREET STE B ALACHUA FL 32615</div>				<div>Mailing Address 15151 NW 99 STREET STE B ALACHUA FL 32615</div>			
<div>2. Principal Place of Business Suite, Apt. #, etc.</div>				<div>3. Mailing Address Suite, Apt. #, etc.</div>			
<div>City & State</div>				<div>City & State</div>			
<div>Zip</div>		<div>Country</div>		<div>4. FEI Number 59-3399103</div>		<div>Applied For Not Applicable</div>	
<div>5. Certificate of Status Desired</div>				<div>5. Certificate of Status Desired</div>			
<div>6. Name and Address of Current Registered Agent</div>				<div>7. Name and Address of New Registered Agent</div>			
<div>SINGER, MICHAEL A 15151 NW 99 STREET STE B ALACHUA FL 32615</div>				<div>Name Street Address (P.O. Box Number is Not Acceptable) City</div>			
<div>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</div>				<div>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.</div>			
<div>SIGNATURE</div>				<div>SIGNATURE</div>			
<div>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</div>				<div>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</div>			
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</div>				<div>10. Election Campaign Financing Trust Fund Contribution.</div>			
<div>11. OFFICERS AND DIRECTORS</div>				<div>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div>			
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>				<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>			
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<div>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</div>				<div>13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</div>			
<div>SIGNATURE: [Signature]</div>				<div>SIGNATURE: [Signature]</div>			