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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000093758 (6)

1. Corporation Name

MASTERPIECE MARKETING & MEDIA, INC.



Principal Place of Business

Mailing Address

BOLANOS, TRUXTON & YOUNGS, P.A.  
2121 PONCE DE LEON BLVD SUITE 1005  
CORAL GABLES FL 33134

BOLANOS, TRUXTON & YOUNGS, P.A.  
2121 PONCE DE LEON BLVD SUITE 1005  
CORAL GABLES FL 33134-5219

3. Date Incorporated or Qualified

11/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8660 College Parkway

26 8660 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 160

27 160

City & State

City & State

23 Fort Myers, Florida

28 Fort Myers, Florida

Zip

Zip

Country

Country

24 33919

25 USA

29 33919

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUXTON, GREGG S  
2121 PONCE DE LEON BLVD  
SUITE 1005  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 600

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T/D ☐ DELETE  
NAME Schwantes, Joseph C.  
STREET ADDRESS 8660 College Parkway, Suite 160  
CITY-ST-ZIP Fort Myers, Florida 33919

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Schwantes

4-97

(941) 482-5775

Daytime Phone #

0184513

CR2E034 (9/96)