Country

82

83

84 City

13.

1.1 DB F

12 NAME

2.1 TITLE

22 NAME

3 1 TMLE

32 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

1.3 STREET ADORESS

2.3 STREET ADDRESS

2.4 CITY-5T-ZIP

3.4. CITY-ST-ZIP

4 3 STREET ADDRESS

1.4 CITY- ST-ZIP

DELETE

DELETE

DELETE

DELETE

SIGNATURE AND STEED OR PRENTED NAME OF SIGNING OFFICER OR DIRECTOR

30

PROFIT CORPORATION ANNUAL REPORT 1999

2. Principal Place of Business

Suite Apt. #. etc.

City & State

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CDY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

2a. Mailing Address

City & State

28

29

OFFICERS AND DIRECTORS

Zip

Suite, Apt. #, etc.

DOCUMENT # P97000038435

MAS INVESTMENTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8805 W COLONIAL DRIVE	8805 W COLONIAL DRIVE
OCOEE FL 34761	OCOEE FL 34761

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applic

25

JOHNSTONE, AUTHUR

1124 RED DANDY

ORLANDO FL 32818

ASHTON, ROBERT

204 KILLINGTON CT

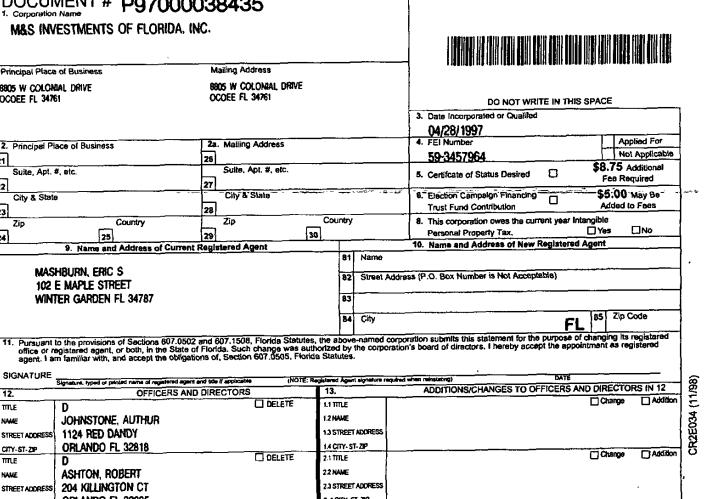
ORLANDO FL 32835

MASHBURN, ERIC S

102 E MAPLE STREET WINTER GARDEN FL 34787

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90101 021 ***158.75



4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE S 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 62 NAME NAME A 3 STREET ADDRESS STREET ADDRESS 64 CITY, ST, 7IP 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 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, with all other like empowered.

SIGNATURE:

☐ Addition

☐ Addition

Change