

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P97000076377 (5)
1. Corporation Name
MASTER PAY INC.



Principal Place of Business

Mailing Address

51 MAIN AVE. S., #309
CLEARWATER FL 34625

51 MAIN AVE. S., #309
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 51 MAIN AVE S

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
#309

27 Suite, Apt. #, etc.

23 City & State
CLEARWATER FL

28 City & State

24 Zip
33765

25 Country
U.S.A.

29 Zip
33765

30 Country
U.S.A.

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3467249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNYDER, ALAN
51 MAIN AVE. S., #309
CLEARWATER FL 34625

81 Name

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

83

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

ACAN Snyder

Signature, typed or printed name of registered agent and date of appointment

[Signature]

(If the registered agent's signature is required when reinstating)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME
D NAGER, KEN
STREET ADDRESS
12800 VONN #9753
CITY-ST-ZIP
CARGO FL 34625

TITLE NAME ☐ DELETE

NAME
D THOMPSON, JIM
STREET ADDRESS
31177 US 19 N., #1303
CITY-ST-ZIP
PALM HARBOR FL 34684

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
KEN NAGER
1.3 STREET ADDRESS
51 MAIN AVE S., #309
1.4 CITY-ST-ZIP
CLEARWATER FL 33765

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
JIM THOMPSON
2.3 STREET ADDRESS
51 MAIN AVE S., #309
2.4 CITY-ST-ZIP
CLEARWATER FL 33765

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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:

KEN NAGER

4-25-97

Date:

Daytime Phone:

0401526

CR2E034 (10/97)