


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90140 030 \*\*\*150.00

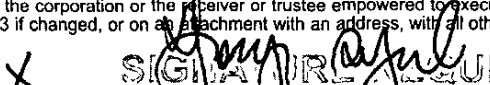
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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000081126</b>					
1. Corporation Name <b>MASS REALTY CORPORATION</b>					
Principal Place of Business 7651 MEDICAL DR HUDSON FL 34667 US			Mailing Address 7651 MEDICAL DR HUDSON FL 34667 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>7651 Medical DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>HUDSON FL</b> Zip Country 24 <b>34667</b> 25 <b>USA</b>			2a. Mailing Address 26 <b>7651 Medical DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>HUDSON FL</b> Zip Country 29 <b>34667</b> 30 <b>USA</b>		
9. Name and Address of Current Registered Agent <b>DAVIS, SHELDON P</b> <b>100 S ASHLEY DR</b> <b>SUITE 890</b> <b>TAMPA FL 33602</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JORGE AYUB</b>		1.2 NAME		
STREET ADDRESS	<b>7651 MEDICAL DR</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON FL 34667</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOSEPH SENNA BAUM</b>		2.2 NAME		
STREET ADDRESS	<b>7651 MEDICAL DR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON FL 34667</b>		2.4 CITY-ST-ZIP		
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARTHUR MATZKOWITZ</b>		3.2 NAME		
STREET ADDRESS	<b>7651 MEDICAL DR</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON FL 34667</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



CR2E034 (11/98)

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:  **SIGNATURE REQUIRED** 2/9/99 727-868-9208  
Date Daytime Phone #