

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90040 008 ***150.00

DOCUMENT # P98000007017

1. Corporation Name

MASSION & ASSOCIATES, INC.

Principal Place of Business

10121 NE 13TH AVE
MIAMI SHORES FL 33138

Mailing Address

10121 NE 13TH AVE
MIAMI SHORES FL 33138

10121 NOT 10120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0807331

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10121 NE 13TH AVE

Suite, Apt. #, etc.

22 City & State

23 MIAMI SHORES

Zip

24 33138

Country

25 OAOE

2a. Mailing Address

26 10121 NE 13TH AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI SHORES

Zip

29 33138

Country

30 OAOE

9. Name and Address of Current Registered Agent

POST MASSION, CINDY
10121 NE 13TH AVE
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

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

10121 NE 13TH AVE

83

84 City MIAMI SHORES

FL

85 Zip Code 33138

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.

CINDY POST MASSION SEC.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MASSION, NORMAN W JR
STREET ADDRESS 10121 NE 13TH AVE
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE STD ☐ DELETE

NAME POST MASSION, CINDY
STREET ADDRESS 10121 NE 13TH AVE
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10121 NE 13TH AVE
MIAMI SHORES, FL 33138

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10121 NE 13TH AVE
MIAMI SHORES, FL 33138

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, with all other like empowered.

SIGNATURE: NORMAN W MASSION JR President 2/7/99 305 754-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)