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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90032 010 \*\*\*150.00

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1. Corporation Name  
MASTERCASE, INC.



Principal Place of Business  
825 TILTON ROAD  
PORT ST. LUCIE FL 34952

Mailing Address  
825 TILTON ROAD  
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 673 SW. Carter Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Port St. Lucie FL

29 City & State

24 Zip

29 Zip

34983 St Lucie

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWIEZY, STAN L  
825 TILTON ROAD  
PORT ST. LUCIE FL 34952

81 Name Stan L. Swiezy  
82 Street Address (P.O. Box Number is Not Acceptable)  
825 Tilton Rd  
83  
84 City Port St Lucie FL 85 Zip Code 34982

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.

(Not for Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SWIEZY, STAN L  
STREET ADDRESS 825 TILTON ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME SWIEZY, AMY S  
STREET ADDRESS 825 TILTON ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 5613402153

Date

Daytime Phone #

0512474

CR2E034 (11/98)