

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90140 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000065212

1. Corporation Name
MASSON PROPERTIES INC.



Principal Place of Business
 3931 OCALA ROAD
 LANTANA FL 33462

Mailing Address
 3931 OCALA ROAD
 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 07/22/1998

4. FEI Number
 65-0859146 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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
PINKWASSER, ALAN
 3931 OCALA ROAD
 LANTANA FL 33462

10. Name and Address of New Registered Agent
 81 Name **LOUIS MASSON**
 82 Street Address (P.O. Box Number is Not Acceptable)
3931 OCALA ROAD
 83
 84 City **LANTANA** FL 85 Zip Code **33462**

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 **Louis Masson** *John Masson* DATE **1-6-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSON, LOUIS	
STREET ADDRESS	3931 OCALA ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSON, LISA	
STREET ADDRESS	3931 OCALA ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS MASSON	
1.3 STREET ADDRESS	3931 OCALA RD LANTANA FL 33462	
1.4 CITY-ST-ZIP		
2.1 TITLE	V.P.S.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LISA MASSON	
2.3 STREET ADDRESS	3931 OCALA RD LANTANA FLA 33462	
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER MASSON	
3.3 STREET ADDRESS	4322 FOSS RD L.W. FLA 33461	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Masson* SIGNATURE **LOUIS MASSON** DATE **1-6-99** 561-967-9157
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)