

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90012 042 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000065919

1. Corporation Name

MASTER INSTALLATION, INC.



Principal Place of Business

5550 SW 55 AVENUE
DAVIE FL 33314

Mailing Address

5550 SW 55 AVENUE
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

65-0852848

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. ☐ Yes ☒ No

2. Principal Place of Business

21 9179 Palladium Pl

Suite, Apt. #, etc.

22 City & State
Lake Worth, FL

23 Zip 33467 Country USA

24 33467 25 USA

2a. Mailing Address

26 9179 Palladium Pl

Suite, Apt. #, etc.

27 City & State
Lake Worth, FL

28 Zip 33467 Country USA

29 33467 30 USA

9. Name and Address of Current Registered Agent

BARBERA, ALAIN
5550 SW 55 AVENUE
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

Alain Barbera

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

9179 Palladium Pl

83

84 City

Lake Worth

FL

85 Zip Code

33467

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BARBERA, ALAIN**
STREET ADDRESS **5550 SW 55 AVENUE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ DELETE

NAME **D BARBERA, KATHRYN**
STREET ADDRESS **5550 SW 55 AVENUE**
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.5

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.5

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5

☒ Change ☐ Addition

address

9179 Palladium Pl

Lake Worth, FL 33467

☒ Change ☐ Addition

address

Barbera, Kathryn

9179 Palladium Pl

Lake Worth, FL 33467

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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: Alain Barbera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99 561.432.0028
Date Daytime Phone #

CR2E034 (5/99)

0069020