## 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

## DOCUMENT # **P98000066117**1. Corporation Name

THE MASSEY CORPORATION

Prin	cipa	Pi	ace of	Business
9630	NW	13	STREE	ET

Mailing Address

## Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90015 031 \*\*\*550.00



9630 NW 13 ST		PLANTATION FL 33322									
PLANTATION FL	. 33322	PLANTATION FL 30322					DO	NOT WR	TE IN THIS	SPACE	
						3. Date I	ncorporated	or Qualifed			
						07/2	8/1998				
Principal Place of Business 2a. Mailing Address						4. FEIN	umber			A	pplied For
21 317 Bring Ave - 26 317 Bring Ave						65	-085	37%	5	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifo	ate of Status	s Desired		<b>+</b> - · · · -	Additional equired
City & State City & State						6. Election	on Campaign	Financing		\$5.00	May Be
Zip Country Zip Country Countr				, <b>r</b> -		Trust	Fund Contrib	ution		Added	to Fees
Zip	Country	Zip	Count	У		8. This c	orporation ov	wes the cur	rent year Inta		
330	62 25 USA	zip 29 33062 30	ما رم	5A	1		nal Property			Yes	ØN₀
	9. Name and Address of Current	t Registered Agent				10. Name	and Addres	ss of New I	Registered /	Agent	
1110	CEV LADDY		8	1 Name							
MASSEY, LARRY			8	2 Street	Addres	s (P.O. Bo	x Number is	Not Accept	able)		
	NW 13 STREET			317	<u> </u>	insy A	<u>رد</u>				
PLAN	ITATION FL 33322		8	3		•					
			8	10			each	-	FL		Code 362
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abo	ve-named	corpor	ation subm	its this state	ment for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of familiar with end accept the obligat	of Fiorida. Such change was auth	ionzea d	v the corp	oration	s board or	directors. 1 t	iereby acce	pt the appoin	illient as n	egistered
<del>-</del>	10 Dan	Larry P.M							5/18/9	9	
SIGNATURE	Signature, typed or printed name of registered agen				required w	hen reinstatung			DATE		
12.	OFFICERS AN		13.			ADDITI	ONS/CHAN	GES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1,1 TITLE							Change	☐ Addition
NAME	MASSEY, LARRY P		1.2 NAME			. A	صو ۵	_			
STREET ADDRESS	9630 NW 13 STREET		13 STRE	ET ADDRESS	317	10(-10	٦,,,,		22067		
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-	ST-ZIP	ton	ء كمحم-	Beac	h i the	33062		
TITLE	D	☐ DELETE	2.1 TITLE							_ <b>∃</b> Change	Addition
NAME	MALLOY, MICHAEL	'	2.2 NAME	•			۸.٠.				
STREET ADDRESS	9630 NW 13 STREET		2.3 STRE	ET ADDRESS	317	137.35	4_70-	g	77363	1	İ
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 CITY	-ST-ZIP	Por	<u>مسمم</u>	Basch	<u>, 14</u>	33068		
TITLE		☐ DELETE	3.1 TITLE			•				Change	☐ Addition
NAME			32 NAME	1							
STREET ADDRESS			3.3 STRE	ET ADDRESS							
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	ļ						
TITLE		☐ DELETE	4.1 TITLE							☐ Change	☐ Addition
NAME			4. 2 NAM	E							
STREET ADDRESS			4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE							Change	☐ Addition
NAME			5.2 NAME								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			5.4 CITY								
TITLE		☐ DELETE	6.1 TITLE		1					Change	Addition
NAME			6.2 NAM	<b></b>	-						
STREET ADDRESS			6.3 STRE	ET ADDRESS							

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.