

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90102 034 ***155.00

DOCUMENT # P98000074752

1. Corporation Name
MASTERS SHOW, INC.

Principal Place of Business
10220 WEST SPRINGTREE LANE
CRYSTAL RIVER FL 34428

Mailing Address
10220 WEST SPRINGTREE LANE
CRYSTAL RIVER FL 34428



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

59-3535564

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

9. Name and Address of Current Registered Agent

ANDERSON, TOM
10220 WEST SPRINGTREE LANE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name ANDERSON, GEORGINA
82 Street Address (P.O. Box Number is Not Acceptable)
10220 WEST SPRINGTREE LANE
83
84 City CRYSTAL RIVER FL 85 Zip Code 34428

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 Georgina Anderson - GEORGINA ANDERSON (SEC-TREAS)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-31-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ANDERSON, TOM	
STREET ADDRESS	10220 WEST SPRINGTREE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
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	SEC-TREAS	Change Addition
1.2 NAME	ANDERSON, GEORGINA	
1.3 STREET ADDRESS	10220 WEST SPRINGTREE LANE	
1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
2.1 TITLE		Change Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: Georgina Anderson - GEORGINA ANDERSON 3-31-99 (352)795-5895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)

0487299