

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102135 1. Corporation Name

MASTERSERVE, INC.

Principal Place of Business

Mailing Address

2526 W. OAKLAND PARK BLVD

P O BOX 9588

FILED

99 JUL 13 PM 4: 29

SECRETARY OF STATE

TONI	ENDOCHONIE PE SSSTI		PORT DAUDERDALE PL 33310			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed						
						12/04/1998						
2.	Principal Place of Business	2a	. Mailing Address			4. FEI Number	$\neg \Gamma$	Applied For				
21		26				31~1273548	_ [Not Applicable				
	Suite, Apt. #. etc.	27	Suite, Apt. #. etc			5. Certifcate of Status Desired		75 Additional se Required				
23	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
	Zip Country	29	Zip Co	untry		This corporation owes the current year Intal Personal Property Tax.	ngible					
	9. Name and Address of Current Registered Agent			1	10. Name and Address of New Registered Agent							
	SITTER, L.M.			81	Name							
2526 W. OAKLAND PARK BLVD				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)						
				83								
				84	City	FL	85	Zip Code				
11	 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	2 and of Flo	607,1508, Florida Statutes, the rida Such change was authorized	abovi	named corporation	pration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hangi tment	ng its registered as registered				

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	13.	agrander required when		AND DIRECTORS IN 12								
TOLE	D DELET	E STITLE				Change	Addition						
NAME	CHRIST, J	12 NAME											
STREET ADDRESS	2526 W. OAKLAND PARK BLVD	1.3 STREET	OORESS										
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	14 CITY-ST	ZIP }										
TITLE	D DELEY	E 21 TITLE				[] Change	Addition						
NAME	(SITTER, L.M.	22 NAME	ĺ										
STREET ADDRESS	2526 W. OAKLAND PARK BLVD	23 STREET	ODRESS										
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	2 4 CITY-ST	. ZHP										
TITLE	D DELE	TE 31 TITLE				[]Change	Addition						
NAME	SITTER, GENE C	3.2 NAME	}										
STREET ADDRESS	2526 W. OAKLAND PARK BLVD	33 STREET	ADDRESS										
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	34 CITY-ST	-21P										
TITLE	☐ DELE	TE 45 TITLE				Change	☐ Addition						
NAME		4 2 NAME	[
' STREET ADDRESS	5	4 3 STREET	ADORESS										
CITY-ST-ZIP		4.4 CITY-ST	ZIP										
TOTLE	CT DELE	TE STITLE				[] Change	Addition						
NAME		52NAME	Į										
STREET ADDRES	s	53 STREET	ADDRESS		_								
CITY-ST-ZIF		54 C/TY-S	- ZIF-										
TITLE	[] DELE	TE 61 TITLE	1			[] Change	Addition						
1441.1E		6.2 NAM'S		1 1	•								
STREET ACTIVES	s	6 / STREET	ADDRESS C	1/20/00	anone	0	12						
316-83-74		7400 -	ਾ ਹਿ ~	1127197	-10000	\mathcal{O}	10						

14. Thereby certify that the information supplied with this filling 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 outh, that I am an officer or director of the corporation or the receiver or trusted empower end 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 attainment with an aidness, with all other like empowered.

Gene C. Sitter

04-27-99 Des

954-735-8800

SIGNATURE: Gene C. Si

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