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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90057 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000103077

1. Corporation Name
LEMASTER FAMILY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 11250 S.E. FEDERAL HIGHWAY
 HOBE SOUND FL 33455

Mailing Address
 11250 S.E. FEDERAL HIGHWAY
 HOBE SOUND FL 33455

3. Date Incorporated or Qualified
12/10/1998

4. FEI Number
65 0885495

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

2a. Mailing Address
 26 PO Box 8466
 27 Suite, Apt. #, etc.
 28 City & State
Hobe Sound FL
 29 Zip Country
33475 USA
 30

9. Name and Address of Current Registered Agent
LEMASTER, MARK
 11250 S.E. FEDERAL HIGHWAY
 HOBE SOUND FL 33455

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D LEMASTER, MARK**
 STREET ADDRESS **11250 S.E. FEDERAL HIGHWAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE DELETE
 NAME **D LEMASTER, STAN**
 STREET ADDRESS **POST OFFICE BOX 8454**
 CITY-ST-ZIP **HOBE SOUND FL 33475-8454**

TITLE DELETE
 NAME **D LEMASTER, FRED**
 STREET ADDRESS **POST OFFICE BOX 8454**
 CITY-ST-ZIP **HOBE SOUND FL 33475-8454**

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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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: Mark Lemaster **LEMASTER** 3/25/99 561.546.4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)