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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19135 (0)
1. Corporation Name
MASTER ASSEMBLY CORPORATION



Principal Place of Business
14843 OAK VINE DRIVE
LUTZ FL 33549
5207 WILCOX ROAD
TAMPA, FL 33624

Mailing Address
14843 OAK VINE DRIVE
LUTZ FL 33549
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5207 WILCOX ROAD
Suite, Apt. #, etc.
22
City & State
23 TAMPA, FL
Zip
24 33624 Country
25 USA
26 5207 WILCOX RD.
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL
Zip
29 33624 Country
30 USA

3. Date Incorporated or Qualified
12/14/1990
4. FEI Number
59-3039819
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALTON, WAYNE KEITH
14843 OAK VINE DRIVE
LUTZ 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5207 WILCOX ROAD
83
84 City
TAMPA FL 85 Zip Code
33624

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 *Wayne Keith Walton* PRESIDENT MISTAKE 4/14/98
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
STREET ADDRESS
CITY-ST-ZIP
D
WALTON, WAYNE KEITH
14843 OAK VINE DRIVE
TAMPA FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COSIO, EDWIN
2208 CEDAR TRACE CIRCLE
TAMPA FL
TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALBRIGHTON, MARK
19418 THOMASVILLE CIR
TAMPA FL
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
D
WALTON, WAYNE KEITH
5207 WILCOX RD.
TAMPA, FL 33624
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
S
MAZZEI, JOE
303 EAST HANNA
TAMPA, FL 33604
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.

SIGNATURE *Wayne Keith Walton* 4/14/98 (B13)
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)