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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # S20315 (5)

1. Corporation Name
MASTI CORPORATION



Principal Place of Business
**1617 A EAST VINE ST
 S-7
 KISSIMMEE FL 34741-5131
 US**

Mailing Address
**POO BOX 451418
 KISSIMMEE FL 34745-1418
 US**

3. Date Incorporated or Qualified 01/01/1991	3a. Date of Last Report 04/01/1996
4. FEI Number 59-3042815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**STICKLE, MARGARET A.
 1569 TRUMBULL STREET
 KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81. Name JANICE S. STICKLE
82. Street Address (P.O. Box Number is Not Acceptable) 2920 OAKTREE DRIVE
83.
84. City KISSIMMEE FL 85. Zip Code 34744

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: *Janice S. Stickle* (NOTE: Registered Agent signature required when reinstating) DATE: **3/15/97**

12. OFFICERS AND DIRECTORS	
TITLE SPD	<input checked="" type="checkbox"/> DELETE
NAME STICKLE, MARGARET A	
STREET ADDRESS 1569 TRUMBULL ST	
CITY- ST- ZIP KISSIMMEE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JANICE S. STICKLE	
1.3 STREET ADDRESS 2920 OAKTREE DR	
1.4 CITY- ST- ZIP KISSIMMEE FL 34744	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DAVID B. STICKLE	
2.3 STREET ADDRESS 2920 OAKTREE DR	
2.4 CITY- ST- ZIP KISSIMMEE FL 34744	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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: *Janice S. Stickle* DATE: **3/15/97**

CR2E034 (9/96)