SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # \$99276 (5)THE MASS FAMILY CORPORATION Principal Place of Business Mailing Address & Honigman Miller et al % HONIGMAN MILLER ET AL 222 LAKEVIEW AVENUE, SUITE 800 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 12/09/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0299536 26 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KOCHMAN, RONALD S. % HONIGMAN MILLER SCHWARTZ AND COHEN 82 Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature regulred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4) (4) DELETE Change Addition TITLE 1.1 1001 MASS, JEFFREY T NAME 1.2 NAME 1230 NW 18TH AVE STREET ADDRESS 1.3 STREET ADDRESS DELRAY EBHAC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Addition Change TITLE 2.1 TITLE MASS, STUART R NAME 2.2 NAME **6 NAUTILUS AVE** STREET ADDRESS 2.3 STREET ADDRESS **PLAINMEW NY** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SILVERMAN, JOANNE M NAME 3.2 NAME 10 DANVILLE DR STREET ADDRESS 3.3 STREET ADDRESS **GREENLAWN NY** CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do horeby 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 roport 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.

FILED