

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V05986

1. Corporation Name

MASTER PLAN BUILDING + RENOVATION, INC

FILED

99 JUL -6 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
6630 SW Gator Trail 6630 S.W. Gator Trail  
Palm City, FL 34990 Palm City, FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6630 SW Gator Trail Suite, Apt. #, etc. 22 City & State 23 Palm City FL Zip 34990 Country	2a. Mailing Address 26 6630 S.W. Gator Trail Suite, Apt. #, etc. 27 City & State 28 Palm City FL Zip 34990 Country	4. FEI Number 65-0305048 Applied For Not Applicable	5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent John Shavelin 6630 S.W. Gator Trail Palm City FL 34990		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	[ ] DELETE		11 TITLE	[ ] Change	[ ] Addition	
NAME	John Shavelin			12 NAME			
STREET ADDRESS	6630 S.W. Gator Trail			13 STREET ADDRESS			
CITY-ST-ZIP	Palm City FL 34990			14 CITY-ST-ZIP	500002936285--7		
TITLE	MARK OWEN	[ ] DELETE		21 TITLE	-07/20/99--01064--007		
NAME	MARK OWEN			22 NAME	****315.00 ****315.00		
STREET ADDRESS	6630 S.W. Gator Trail			23 STREET ADDRESS			
CITY-ST-ZIP	Palm City FL 34990			24 CITY-ST-ZIP			
TITLE	Susan Shavelin	[ ] DELETE		31 TITLE	[ ] Change	[ ] Addition	
NAME	Susan Shavelin			32 NAME			
STREET ADDRESS	6630 S.W. Gator Trail			33 STREET ADDRESS			
CITY-ST-ZIP	Palm City FL 34990			34 CITY-ST-ZIP			
TITLE	MARK Tarallo	X DELETE		41 TITLE	[ ] Change	[ ] Addition	
NAME	MARK Tarallo			42 NAME	Joe Garcia		
STREET ADDRESS	6630 S.W. Gator Trail			43 STREET ADDRESS	6630 S.W. Gator Trail		
CITY-ST-ZIP	Palm City FL 34990			44 CITY-ST-ZIP	Palm City FL 34990		
TITLE		[ ] DELETE		51 TITLE	[ ] Change	[ ] Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		[ ] DELETE		61 TITLE	[ ] Change	[ ] Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-99

Date

Daytime Phone #

CR2E034 (11/98)

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**THE TAX MAN, INC.**  
*Accounting, Tax & Financial Planning Services*  
1601 Belvedere Road  
Suite 103 - South  
West Palm Beach, FL 33406  
(561) 684-3844; 686-5705  
Fax (561) 689-0708

Jay B. Fischer, President  
Howard I. Angowitz, Exec. VP

June 28, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Master Plan Building & Renovation, Inc.

Dear Sirs,

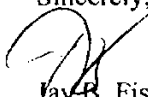
I am writing this letter on behalf of my client mentioned above. Please be advised that my client never received the original notice for filing their annual report. My Client moved his office and the report was mailed to his old location. Therefore, I am requesting that you waive the late fees and accept the regular filing fee for 1998 & 1999..

Enclosed please find the 1998 Corporation annual report as well as a check in the amount of \$315.00 to cover the filing fee for both years.

If you have any questions or need to speak with, please do not hesitate to give me a call.

On behalf of my client, I apologize for any inconvenience this may have caused you.

Sincerely,

  
Jay B. Fischer,  
Accountant

JBF/ss  
Encl.