FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50891** **(3)**

1. Corporation Name
MASTER MOTORIST PROGRAM, INC.

Principal Place of Business	Mailing Address
7640 SOUTHGATE BOULEVARD SUITE #4 NORTH LAUDERDALE FL 33068	70 PINE ST. 27TH FLOOR NEW YORK NY 10270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **06/03/1994**

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

4. FEI Number: **65-0344811** ☐ 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 has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GOLDFARD, HOWARD
6521 WEST COMMERCIAL BLVD.
TAMARAC FL 33319

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 date of acceptance) NOTE: Registered Agent's signature required where mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	VP D	☐ Change ☑ Addition
NAME	TUCK, ELIZABETH	12 NAME	Anthony DeSantis	
STREET ADDRESS	70 PINE ST.	13 STREET ADDRESS	525 Carr Road	
CITY ST ZIP	NEW YORK NY 10270	14 CITY ST ZIP	Wilmington, DE	
TITLE	~~S~~	21 TITLE	P/CEO	☑ Change ☐ Addition
NAME	~~NEZAMOODEEN, PHILBERT~~	22 NAME	Howard Goldfarb	
STREET ADDRESS	~~8 FREER ST.~~	23 STREET ADDRESS	6521 W. Commercial Blvd	
CITY ST ZIP	~~LYNNBROOK NY~~	24 CITY ST ZIP	Tamarac, FL 3331	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	MISZNER, JEFFEREY J	32 NAME		
STREET ADDRESS	8 HAMPTON CT	33 STREET ADDRESS		
CITY ST ZIP	PT WASHINGTON NY	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WALLACH, WILLIAM	42 NAME		
STREET ADDRESS	8 FREER STREET	43 STREET ADDRESS		
CITY ST ZIP	LYNBROOK NY	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	~~HOLLAND, CARL R~~	52 NAME	Sally Hansen	
STREET ADDRESS	~~1065 PARK AVE.~~	53 STREET ADDRESS	525 Carr Road	
CITY ST ZIP	~~NEW YORK NY 10128~~	54 CITY ST ZIP	Wilmington, DE	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	Glenn Pinel	
STREET ADDRESS		63 STREET ADDRESS	525 Carr Road	
CITY ST ZIP		64 CITY ST ZIP	Wilmington, DE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-26-95 (305) 776-7000
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0001847 CP