SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $371)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 21 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71644** **(1)**

1. Corporation Name

W.H. MASSEY, INC.

000001520750
-06/22/95--01062--022
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1057 S.E. 17TH STREET SUITE 206 FT. LAUDERDALE FL 33316	P. O. BOX 21651 FT. LAUDERDALE FL 33316 US

3. Date Incorporated or Qualified: **10/21/1992**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business
21: 150 E. DAVIE BLVD.
Suite, Apt. #, etc.
22: # 302
City & State
23: ft Lauderdale, FL.
Zip 24: 33316 Country 25: BROWARD

2a. Mailing Address
26: P.O. Box 21651
Suite Apt. #, etc.
27:
City & State
28: ft Lauderdale, FL.
Zip 29: 33316 Country 30: Broward

4. FEI Number: **65-0366069** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASSEY, ALLYSON W.
1057 S.E. 17TH ST.
SUITE 206
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: ALLYSON W. MASSEY
82 Street Address (P.O. Box Number is Not Acceptable): ~~150~~ 150 E. DAVIE BLVD
83: Suite 302
84 City: ft Lauderdale **FL** 85 Zip Code: 33316

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: Allyson W Massey — ALLYSON W. MASSEY — 6/20/95
Signature, type or print name of individual agent and title if required — FOR Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MASSEY, ALLYSON	12 NAME	
STREET ADDRESS	820 PONCE DE LEON DR	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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-06/22/95--01062--023
******8.75 ******0.75

CR2E034 (3/95)

14. I/We 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 (changed, or on an attachment with an addition).

SIGNATURE: Allyson W Massey — 6/20/95 — (305) 5240599
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — TELEPHONE NUMBER

0744311 FP