

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
 AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S99276 (5)

1. Corporation Name
THE MASS FAMILY CORPORATION

Principal Place of Business Mailing Address
C/O SCHULTE ROTH & ZABEL
777 S. FLAGLER DR. WEST TOWER-STE. 1002
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1991** 3a. Date of Last Report **04/05/1994**
 4. FEI Number **65-0299536** 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

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

9. Name and Address of Current Registered Agent
KOCHMAN, RONALD S.
C/O SCHULTE ROTH & ZABEL
777 S. FLAGLER DR., WEST TOWER - STE 1002
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MASS, NATHAN
STREET ADDRESS	2017 S. OCEAN DR., #1409
CITY - ST - ZIP	HALLANDALE FL
TITLE	DVS
NAME	MASS, HELEN
STREET ADDRESS	2017 S. OCEAN DR., #1409
CITY - ST - ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mass, Jeffrey T.	
3.3 STREET ADDRESS	1230 N.W. 18 Avenue	
3.4 CITY - ST - ZIP	Delray Beach, FL 33445	
4.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mass, Stuart R.	
4.3 STREET ADDRESS	6 Nautilus Avenue	
4.4 CITY - ST - ZIP	Plainville, N.Y. 11803	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Silverman, Joanne M.	
5.3 STREET ADDRESS	10 Danville Drive	
5.4 CITY - ST - ZIP	Greenlawn, N.Y. 11740	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: X Jeffrey T. Mass 7/10/95 407 265 05 79
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (3/95)