

**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.)**

**FILED  
Jul 25 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # S99276 (5)**  
 1. Corporation Name  
**THE MASS FAMILY CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br><b>% HONIGMAN MILLER ET AL<br/>222 LAKEVIEW AVENUE, SUITE 800<br/>WEST PALM BEACH FL 33401</b> | Mailing Address<br><b>% HONIGMAN MILLER ET AL<br/>222 LAKEVIEW AVENUE, SUITE 800<br/>WEST PALM BEACH FL 33401</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |                         |   |  |
|---|-------------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>12/09/1991</b>                          | 3a. Date of Last Report<br><b>12/23/1996</b>           |
| 21. Suite, Apt. #, etc.                         | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0299536</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. City & State                                | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fees Required</b>                 |
| 23. Zip   | 28. Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| 24. Zip   | 25. Country             | 29. Zip   | 30. Country  |
| 9. Name and Address of Current Registered Agent |                         | 10. Name and Address of New Registered Agent                                    |  |

**9. Name and Address of Current Registered Agent**  
**KOCHMAN, RONALD S.  
% HONIGMAN MILLER SCHWARTZ AND COHEN  
222 LAKEVIEW AVENUE, SUITE 800  
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   |
| 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DPT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MASS, JEFFREY T</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1230 NW 18TH AVE</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY EBHAC FL</b>                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DVS</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MASS, STUART R</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6 NAUTILUS AVE</b>                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PLAINMEW NY</b>                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SILVERMAN, JOANNE M</b>                 | 3.2 NAME  |   |
| STREET ADDRESS             | <b>10 DANVILLE DR</b>                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GREENLAWN NY</b>                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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.

SIGNATURE: *Jeffrey T. Mass* **JEFFREY T. MASS** 7/21/97 562 2650579

CR2E034 (4/97)