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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary o≸Siate

DIVISION OF CORPORATIONS

DOCUMENT # J52019

1997

(3)

Mailing Address

MSPR, INC.

Principal Place of Business

% MARY SUE EUBANK **% MARY SUE EUBANK** 11826 FRONT BEACH ROAD 11826 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407-3602 PANAMA CITY BEACH FL 32407-3602 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1987 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For W. Beach 60 59-2768289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LECISTRE, R.É. 81 Decensed 11826 WEST HIGHWAY 98A 82 ess (P.O. Box Number is I PANAMÁ CITY BEACH FL 32407 83 84 11. Pursuarit 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: re of registered agent and little if applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVT** DELETE TiTLE 1.1 TITLE Change Addition EUBANK, MARY SUE NAME 1.2 NAME 1260 W. BEACH DR. STREET ADDRESS 13 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 14 CiTY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 20 2 4 CITY-ST-ZIP DELE16 TIFLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST-ZIP

4.4 CITY - ST- ZIP

SIGNATURE

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-\$1-20F

CITY-ST-ZIF

TITLE

NAME

TITLE

NAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1/13/97

Addition

Addition

Change

FILED

Feb 03 1997 8:00am

Secretary of State