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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000008883**

1. Corporation Name
MSRB-MV, INC.



Principal Place of Business
 862 HAWKSBILL IS. DR.
 SATELLITE BEACH FL 32937

Mailing Address
 862 HAWKSBILL IS. DR.
 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1993

4. FEI Number
59-3166085

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
1810 LONG IRON DR.

2a. Mailing Address
1810 LONG IRON DR.

22. Suite, Apt. #, etc.
#308

27. Suite, Apt. #, etc.
#308

23. City & State
VIERA FL

28. City & State
VIERA FL

24. Zip **32955** 25. Country **USA** 29. Zip **32955** 30. Country **USA**

9. Name and Address of Current Registered Agent
WAGNER, WILLIAM E
862 HAWKSBILL IS. DR.
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81. Name
MISSY D HONEYCUTT

82. Street Address (P.O. Box Number is Not Acceptable)
1810 LONG IRON DR.

83. Suite, Apt. #, etc.
#308

84. City
VIERA FL

85. Zip Code
32955

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 **MISSY D HONEYCUTT** **MISSY D HONEYCUTT** **3/24/99**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, WILLIAM E	
STREET ADDRESS	862 HAWKSBILL IS. DR.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, CALLENE D	
STREET ADDRESS	862 HAWKSBILL IS. DR.	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD LAWRENCE WH BLUNK	
1.3 STREET ADDRESS	1810 LONG IRON DR. #308	
1.4 CITY-ST-ZIP	VIERA, FL 32955	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATRICK A. TURBS	
2.3 STREET ADDRESS	1304 AVALON DRIVE	
2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MISSY D. HONEYCUTT	
3.3 STREET ADDRESS	1810 LONG IRON DR. #308	
3.4 CITY-ST-ZIP	VIERA, FL 32955	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: **MISSY D HONEYCUTT** **MISSY D HONEYCUTT** **3/24/99** **407-633-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)