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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V37139 (5)

**1. Corporation Name
MSRB-HB, 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
05/18/1992**

**3a. Date of Last Report
04/20/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3125008		Applied For Not Applicable	
21		26		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		23		20	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAGNER, WILLIAM E. 862 HAWKSBILL IS. DR. SATELLITE BEACH FL 32937				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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WILLIAM E.	1.2 NAME	
STREET ADDRESS	862 HAWKSBILL IS. DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CALLENE D	2.2 NAME	
STREET ADDRESS	862 HAWKSBILL ISLAND DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 from an attachment with an address.

SIGNATURE: William E. Wagner **DATE:** 3/10/95 **FILE NO.:** 407-173-464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR