

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PENALTY: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -8 AM 10:06

DOCUMENT # 280137 (1)

1. Corporation Name
MSBETS INC

Principal Place of Business Mailing Address
490 PEACHTREE STREET COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b. P.O. Box 177		04/06/1964	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1039785	Not Applicable
24 Zip		29 32923-0177		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Brevard		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARNHART, W. L. 490 PEACHTREE ST. COCOA FL 32922				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, SUE NIGHT	12. NAME	Lawrence Sue Nisbet
STREET ADDRESS	675 SOUTH TROPICAL TRAIL	13. STREET ADDRESS	675 South Tropical Trail
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	14. CITY - ST - ZIP	Merritt Island, FL 32952
TITLE	D	2. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHART, SARA N	22. NAME	Barnhart, Sara N
STREET ADDRESS	1265 LESLIE DRIVE	23. STREET ADDRESS	1265 Leslie Drive
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	24. CITY - ST - ZIP	Merritt Island, FL 32952
TITLE	VD	3. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLLINGER, CLAIR N	32. NAME	Quenzler, Clair N
STREET ADDRESS	977 SO TROPICAL TRAIL	33. STREET ADDRESS	977 South Tropical Trail
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	34. CITY - ST - ZIP	Merritt Island, FL 32952
TITLE	PD	4. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHART, LEE	42. NAME	Barnhart, Lee
STREET ADDRESS	1265 LESLIE DRIVE	43. STREET ADDRESS	1265 Leslie Drive
CITY - ST - ZIP	MERRITT ISLAND, FL 00000	44. CITY - ST - ZIP	Merritt Island, FL 32952
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara N. Barnhart SARA N. BARNHART 6/5/95 407-622-6102

CR2E094 (3/95)