


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

FILED

Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 336151 (6)
1. Corporation Name
MS UTILITIES CORPORATION

Principal Place of Business
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435

Mailing Address
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435-3316



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/08/1968		3a. Date of Last Report 05/29/1996	
				4. FEI Number 59-1285956		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435				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 FL			
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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 *Mary Lou Farr* *Sandra B. Mortham* 6/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	DELETE		1.1 TITLE	Change	Addition	
NAME	FARR, MARY LOU			1.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change	Addition	
NAME	HOOVER, THOMAS			2.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE	Change	Addition	
NAME	NOLTE, HENRY			3.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	TD	DELETE		4.1 TITLE	Change	Addition	
NAME	STEERE, NORMAN			4.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE FL			4.4 CITY-ST-ZIP			
TITLE	PD	DELETE		5.1 TITLE	Change	Addition	
NAME	GRABNER, GEORGE			5.2 NAME			
STREET ADDRESS	6849 N OCEAN BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE FL			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	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 *Mary Lou Farr* *Sandra B. Mortham* 7/12/97 51232 1770

CR2E034 (9/96)