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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🐔

FILED May 19 1998 8:00am Secretary of State

	19 98		DIVISION OF C		Scoreta	iry of State
	i name	4338	(6)			
MANAGEMENT SERVICES INTERNATIONAL INC					1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i Biğir ələri ərəri öyğıl bişrir ələri ibər
Principal Place			g Address		1 tabinā siras attri menan tiran strin sar	: Anact andri filler anam diant diant mat
201 CHURCH ST. P.O. BOX 208 SECOND FLOOR WAYNESVILLE NC 28786						
WAYNESVILLE	WÄYNESVILLE NC 28786 US				DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualified 10/24/1969	
2. Principal Pr	age of Business		iling Address		4. FEI Number	Applied For
21 62	Church E	Yest 26			59-1274847	Not Applicable
Suite, Apt.	10 2	27	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Junior 16	N C 28 Cit	y & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	781	,	Country	8. This corporation owes or has pa	
24 28	786 25 V	S [29]		30	Personal Property Tax due June	30. 🕒 es 🗌 No
* 40.0		s of Current Registere	ed Agent	81 Name	10. Name and Address of New Re	istered Agent
	MPF, ALAN R 17 A LAUREL LN				orald to Kump	
	MARAC FL 33319			82 Street Addi	ress (P.O. Box Number is Not Acceptable	*908
•				63		
,				84 City	Laureda de la	85 Zip Code
11. Pursuant t	to the provisions of Section	ns 607 0502 and 607 1	508 Florida Statute	s the above-named corr	continuous contraction submits this statement for the n	FL 3330/
office or re	egistered agent, or both,	in the State of Florida.	Such change was au	uthorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby acces	t the appointment as registered
SIGNATURE	Merel	11/3 KM	(Jora (d E. Kum	pt. Chairman 7/3	0/28
12.	Signature, Typed of Tred name in		olicable (NOTE RS	Registered Agent signature requirements 13.	AJ whole reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	CD	TOLINS AIRLY LAINING	DELETE	1.1 TITLE	ADDITIONS/CHANGES TOPOFFIC	Change Addition
NAME	KUMPF, GERALD E	•		1.2 NAME		
STREET ADDRESS	P.O. BOX 208 N/A			1.3 STREET ADDRESS		
CITY+ST-ZIP	WAYNESVILLE NO			14 CHY-ST-ZIP		
TITLE	OP		DELETE	21 TITLE		Change Addition
NAME	KUMPF, ALAN R			22 NAME		1
STREET ADORESS	6187 A LAUREL LN TAMARAC FL			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	IMMANAU FL		DELETE	2. 4 CITY- S1-7IP 3.1 TITLE		Change Addition
NAME				3.2 NAME		_ , _ ,
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY - ST - ZIP		
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS]
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE			f" t forcic	5.1 TITLE 5.2 NAME		Change Xouldon
NAME STREET ADDRESS				5.2 NAME 5.3 STREFT ADDRESS		
CITY-ST-ZIP				5.4 City-ST-ZIP		
TITLE			DELETE	6.1 TAILE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		ļ
CITY-ST-ZIP				6.4 CITY-ST-ZIP	-	
14. I hereby c	ertify 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 suppliemental 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 attactment with an address.