

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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 544011

(0)

1. Corporation Name

MESSIER BROS., INC.

Principal Place of Business

2266 N 4TH AVE
LAKE WORTH FL 33461
US

Mailing Address

2266 N 4TH AVE
LAKE WORTH FL 33461-3836
US

3. Date Incorporated or Qualified

08/29/1977

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSIER, THOMAS V
2266 4TH AVE
LAKE WORTH FL 33461

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature by 24 or printed name of registered agent (as applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
ST	MESSIER, THOMAS V.	2266 4TH AVE EXT. N.	LAKE WORTH FL	<input type="checkbox"/>
D	MESSIER, JOAN	10987 TAMIS TRAIL	LAKE WORTH FL	<input type="checkbox"/>
D	MESSIER, THOMAS V.	2266 4TH AVE. EXT. N.	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY- ST- ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Thomas V. Messier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

Date

561-586-8935

Daytime Phone #

CR2E034 (9/96)