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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F83317

3317

(0)

FILED Jan 21 1997 8:00am Secretary of State

PRECIS	SION ART BUSINESS FOR	MS, INC.				
Principal Place of Business		Mailing Address			-	FI BURUI DIRIA DABA RARA BURU BURU BURU FERDI
950 GENESEE AVE SEBASTIAN FL 32958 US		850 genesee ave Sebastian FL 32858-8039 US			Date Incorporated or Qualified	3a. Date of Last Report
					06/01/1982	05/01/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	A	26			59-2206566	Not Applicable
Suite Apt	#. etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{ip}	C	y	8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	
SH	ELDS, ROBERT C		81	Name		
	GENESEE AVE		82	Street Add	Iress (P.O. Box Number is Not Acceptal	ble)
•						
SEI	Bastian FL 32958		83	<u>ال</u>		
			84	City	·	■■ 85 Zip Code
			T T	1 "		
 Pursuant office or 	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	re-named cor	poration submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered
agent 1 a	an famear with, and accept the ob	ligations of, Section 607.0505, F	Torida Staute	y ine corpora es.	alion's board of directors, I hereby acce	pt the appointment as registered
SIGNATURE			. [
	Signatine, type for product name of registrate			jeni signature requ	ired when re-instating)	DATE
12.	PST OFFICERS F	AND DIRECTORS DILETE	13.1		ADDITIONS/CHANGES TO OFFI	
NAME	SHIELDS, ROBERT C	E DICCIE	1.1 TITLE			Change Addition
	950 GENESEE AVE		1.2 NAME			
STREET ADDRESS				T ADDRESS		
City - S* - 7/P Ti*L(SEBASTIAN FL VD	DELETE	1.4 CITY -	ST · ZIP	***************************************	Change Addition
NAME	SHIELDS, CARRIE M	L tatte	21 TITLE 22 NAME			. Change . Addition
STREET ADDRESS	950 GENESEE AVE			T ADDRESS		•
CHY-ST-ZIP	SEBASTIAN FL		ŀ	·		
TITLE	D	DELETE	2 4 CITY - 3 1 TITLE	51-717		Change Addition
NAMÉ	SHIELDS, ROBERT C		3.2 NAME			
STREET ADDRESS	950 GENESEE AVE			T ADDRESS		
CiTY+S1+ZIP	SEBASTIAN FL		3.4. CITY -			
TOTLE		☐ DELETE	4 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREE	T ADDRESS		
CITY - ST - ZIP			4.4 City-			
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP	ļ		5 4 CITY -	ST - ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME	 - -		6.2 NAME			
STREET ADDRESS	!		6 3 STREE	T ADDRESS		ļ
CITY - ST - ZIP			6.4 CITY -	ST-ZIP		

Ligo 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 diagraph, or on an attachine) with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97

561-509-4591