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PROFIT CORPORATION ANNUAL REPORT

1999

MSE CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90173 026 ***150.00



	lace of Business	Mailing Address				, 		'181 28111 1881 58
941 N MERI		941 N MERIDAN ST				. antit antit aftil 1	!! !! -	imi tatti tabi ti
INDIANAPOLI	IS IN 46204	INDIANAPOLIS IN 46204						
					DO NOT W	VRITE IN THIS	SPACE	
					3. Date Incorporated or Qualif	ed	- ACE	
2. Principal	Place of Business				12/20/1996			
21	, indicate of bookings	2a. Mailing Address			4. FEI Number			Applied For
	pt. #, etc.	26			<u>35</u> -1073025			Not Applicat
22	,	Suite, Apt. #, etc.				~		Additional
City & St	tate	City & State			5. Certifcate of Status Desired			Required
23		City & State			6. Election Campaign Financin			May Be
Zip	Country	28			Trust Fund Contribution	L., J	Added	to Fees
24	25	29	Country	<i>(</i>	8. This corporation owes the cu	urrent year Inta	ingible	
	9. Name and Address of Curr	ent Registered Agent	<u> </u> 30		Personal Property Tax.		☐Yes	□No
		giorion Agont	81	Name	10. Name and Address of New	Registered A	gent	
6.1	CORPORATION SYSTEM			Walle				•
120	O SOUTH PINE ISLAND ROAD	(82	Street Addr	ress (P.O. Box Number is Not Accep	otable)		
PLA	INTATION FL 33324		83	 				
			63					
			84	City			12-1	
11. Pursuani	t to the provisions of Sections 607.05	02 and 607 4500 Ft		-	<u> </u>	FL	1 1	Code
office or	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	es, the above	named corporation	oration submits this statement for the	e purpose of ch	hanging its	registered
	- Francisco	ations of, Section 607.0505, Flo	rida Statutes.	me corporatio	on's board of directors. I hereby acce	ept the appoint	ment as re	gistered
SIGNATURE	Slanature, broad or printed name of societary							
SIGNATURE	Signature, typed or printed name of registered ago	ant and title if applicable. (NOTE:		signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ago	ND DIRECTORS	13.		when reinstating)	DATE FICERS AND	DIRECTO	
SIGNATURE 12. ITLE	Signature, typed or printed name of registered age OFFICERS A	ont and title if applicable. (NOTE: ND DIRECTORS DELETE				FICERS AND	DIRECTO	
SIGNATURE 12. TILE MAKE	Signature, typed or printed name of registered age OFFICERS AI DC MILLER, SOL C	ND DIRECTORS	13.		when reinstating)	FICERS AND		
SIGNATURE 12. ITLE WAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DC MILLER, SOL C 941 N MERIDIAN ST	ND DIRECTORS	13.	signature required	when reinstating)	FICERS AND		PRS IN 12 ☐ Addition
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