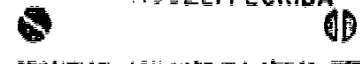


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**MAY 30 AM 9:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J36801 (5)**

1. Corporation Name

**M S R M, INC.**

Principal Place of Business  
**PO BOX 39485  
FT LAUDERDALE, FL 33339-9485**

Mailing Address  
**PO BOX 39485  
FT LAUDERDALE, FL 33339-9485**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1986** 3a. Date of Last Report **04/94**

4. FEI Number **65-0000920** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under § 199.039, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **PO BOX 11877** 26 **PO BOX 11877**

Suite, Apt #, etc Suite, Apt #, etc

22 **FT. LAUDERDALE, FL** 27 **FT. LAUDERDALE, FL**

City & State City & State

23 **33339-1877** 28 **33339-1877** 30

Zip Country Zip Country

9. Name and Address of Current Registered Agent

**PEARSON, NELS R.  
2888 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D/P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOECKER, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>2888 E. OAKLAND PARK BLVD.</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>FT. LAUDERDALE, FL 33306</b>	1.4 CITY ST ZIP	<b>400001504284</b>
TITLE		2.1 TITLE	<b>-06/02/95--01021 Change 020 Addition</b>
NAME		2.2 NAME	<b>****225.00 ****225.00</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>TIS, 5/30/95</b>
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 19.07(3)(k), 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Mary Stoecker, Pres* **MARY STOECKER, PRES.** 305-564-5258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR