FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K43315 (6)

1. Corporation Name
MESID INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O MASON & ASSOCIATES, P.A. 18167 US 19 NORTH, SUITE 150 CLEARWATER FL 34624-3588 US c/o Mason + Ass. P.A	C/O MASON & ASSOCIATES, P.A. 18167 US 19 NORTH, SUITE 150 CLEARWATER FL 34624-3588 US c/o Mason + Ass.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	17757 U.S. Hwy 19 N
Suite, Apt. #, etc. 22	500
City & State 23	Clearwater, Florida
Zip 24	34624
Country 25	USA
2a. Mailing Address 26	17757 US Hwy 19 N
Suite, Apt. #, etc. 27	500
City & State 28	Clearwater Florida
Zip 29	34624
Country 30	USA

3. Date Incorporated or Qualified: 11/02/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2929589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASON & ASSOCIATES P.A.
18167 U.S. NORTH 19, SUITE 150
CLEARWATER FL 34624-3588

Address Changed →

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 17757 US Hwy 19 N
83 Suite 500
84 City: Clearwater FL 85 Zip Code: 34624

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 ______ (Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSSITER, JOHN J.
STREET ADDRESS	1215 SOUTHWOOD DR.
CITY ST ZIP	OTTAWA ON
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Section 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Rossiter (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

May 1/95 (Date)

813/536 8572 (Daytime Phone #)

0359448 CP