

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L44072** (1)

1. Corporation Name
M & SONS ENTERPRISES, INC.



Principal Place of Business % TONI MISH 6214 PRESIDENTIAL CT STE C FT MYERS FL 33919 US	Mailing Address % TONI MISH 6214 PRESIDENTIAL CT ST C FT MYERS FL 33919 US
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2. Principal Place of Business 21 15280 SAM SNEAD LN	2a. Mailing Address 26 15280 SAM SNEAD LN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT MYERS FL	City & State 28 FT MYERS FL
Zip 24 33917	Zip 29 33917
Country 25	Country 30

3. Date Incorporated or Qualified 01/22/1990	3a. Date of Last Report 07/12/1996
4. FEI Number 65-0198386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMSI 6214 PRESIDENTIAL CT STE C FT MYERS FL 33919	
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10. Name and Address of New Registered Agent	
81 Name S.W. FL. PARAMEDICAL	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 15280 SAM SNEAD LN	
84 City FT MYERS	85 Zip Code FL 33917

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Toni A. Mish* **Toni A. Mish** **4-11-97**
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	PSTD <input type="checkbox"/> DELETE
NAME	MISH, TONI
STREET ADDRESS	15280 SAM SNEAD LANE
CITY- ST- ZIP	FT. MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MISH, TONI
STREET ADDRESS	1717 SE 1ST TER
CITY- ST- ZIP	CAPE CORAL FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SLUSAR, GERALD E
STREET ADDRESS	15280 SAM SNEAD LANE
CITY- ST- ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Toni A. Mish* **Toni A. Mish** **4-11-97** **941-731-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)