


and NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MSA CONSULTING, L.C. 1081 CORKWOOD STREET HOLLYWOOD FL 33019		DOCUMENT # L95000000779	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		FILED 98 FEB 20 PM 12:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business "Same"		1a. Principal Place of Business Address 1081 CORKWOOD STREET HOLLYWOOD FL 33019	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified 10/11/1995		3a. State of Formation FL	
4. FEI Number 65-0614734		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 01/13/1997		6. Certificate of Status Desired SB 7b Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent MALONEY-SIMON, EILEEN 1081 CORKWOOD STREET HOLLYWOOD FL 33019		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		700002441837--1 -02/26/98--01092--003 ****877.50 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>Eileen Maloney-Simon</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE 2/16/98	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MALONEY-SIMON, EILEEN	1081 CORKWOOD STREET	HOLLYWOOD FL
MGRM	SIMON, LESTER A	1081 CORKWOOD STREET	HOLLYWOOD FL
300.00 100.00 88.75 100.00 88.75		REINSTATEMENT 97.98 Dec	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Lester A. Simon

12/29/97 (904) 921-0385

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #