PROFIT CORPORATIC ANNUAL REPO <b>1999</b>	し新していたれ	Katherin Secretary	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		- FILED Mar 02, 1999 8:00 an Secretary of State 03-02-1999 90163 045 ***150.00		te
OCUMENT Corporation Name MSC OF VERO BE							
	-ACH, INC. -	•					
ncipal Place of Business ) PAUL E. KOEHLER. INC VISTA ROYALE BLVD. 10 BEACH FL 32962		Mailing Address C/O PAUL-E. KOEHLER. INC 100 VISTA ROYALE BLVD. VERO BEACH FL 32962	). ).		DO NOT WRITE		
					3. Date incorporated or Qualifed 09/05/1990		•••
Principal Place of Busine	255	2a. Mailing Address			4. FEI Number 65-0225410	· L-+	lied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				¬ \$8.75 ∧	dditional
City & State		27 City & State			Election Compaign Eigencing	-Fee Rei	Maỳ Be
Zip	Country	28 Zip	Count		Trust Fund Contribution 8. This corporation owes the current	Added to	Fees
	25		30		Personal Property Tax.	Yes .	No
	and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Reg		
Koehler, Paul 100 Vista Roy,			8	2 Street Add	ress (P.O. Box Number is Not Acceptable	))	
SUITE 201			8	3			
VERO BEACH F	L 32962						
				4 City		FL 85 Zip C	
Pursuant to the provision office or registered age	ons of Sections 607.0502 nt, or both, in the State of	and 607,1508, Florida Statutes Florida. Such change was au	s, the abo	ve-named.com	poration submits this statement for the pu ion's board of directors. I hereby accept th	FL	
agent. I am familiar with	ons of Sections 607 0502 nt, or both, in the State of h, and accept the obligation	and 607,1508, Florida Statutes Florida. Such change was au ans of, Section 607.0505, Flori	s, the abo	ve-named.com	poration submits this statement for the pu ion's board of directors. I hereby accept th	FL	
agent. I am familiar with NATURE	h, and accept the obligation of registered agent	and title if applicable. (NOTE: F	s, the abo thorized b da Statute Registered Ag	ve-named.corp y the corporati is.	ed when reinstating)	FL   roose of changing its ne appointment as rec	Istered
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indicated on this annual report or supplemental finnual 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 releiver 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, with all other like empowered.

SIGNATURE: \_

2/5/99 561-582-0019 Date Daytime Phone #