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 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M30358** **(9)**

1. Corporation Name

M.S.T. GROUP, INC.

Principal Place of Business
[redacted]
PO BOX 767038
ROSWELL GA 30076
US

Mailing Address
PO BOX 767038
ROSWELL GA 30076
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1986**
3a. Date of Last Report: **02/21/1994**
4. FEI Number: **59-2668884** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PALMER, ADAM
222 LAKEVIEW AVE
STE 1400
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name: ADAM D. PALMER
82 Street Address (P.O. Box Number is Not Acceptable): SANCTUARY CENTRE, SUITE 105E
83 4800 NORTH FEDERAL HIGHWAY
84 City: BOCA RATON **FL** 85 Zip Code: 33431

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] [signature] 5-1-95
Signature of registered agent and title if applicable / Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☒ Change ☐ Addition
NAME	BROWN, MICHAEL	1 2 NAME	
STREET ADDRESS	6001 N.W. 23RD AVE.	1 3 STREET ADDRESS	8285 Sentinae Chase Dr.
CITY ST ZIP	BOCA RATON FL	1 4 CITY ST ZIP	Roswell, GA 30076
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	BROWN, SCOTT	2 2 NAME	
STREET ADDRESS	6001 N.W. 23RD AVE.	2 3 STREET ADDRESS	8285 Sentinae Chase Dr.
CITY ST ZIP	BOCA RATON FL	2 4 CITY ST ZIP	Roswell, GA 30076
TITLE	D	3 1 TITLE	☒ Change ☐ Addition
NAME	BROWN, TODD	3 2 NAME	
STREET ADDRESS	6001 N.W. 23RD AVE.	3 3 STREET ADDRESS	8285 Sentinae Chase Dr.
CITY ST ZIP	BOCA RATON FL	3 4 CITY ST ZIP	Roswell, GA 30076
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
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 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: [signature] 28 April 95 404 998-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0398403 FP