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FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90007 040 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99738

1. Corporation Name

✓ **The MSR Group, Inc., formerly Market Segment Research
& Consulting, Inc.**

Principal Place of Business
**1320 S. Dixie Highway
Suite 120
Coral Gables, FL 33146**

Mailing Address
**1320 S. Dixie Highway
Suite 120
Coral Gables, FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/13/88

4. FEI Number
65-0076764 ✓
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **201 Alhambra Circle**

2a. Mailing Address
26 **201 Alhambra Circle**

Suite, Apt. #, etc.
22 **Suite 804**

Suite, Apt. #, etc.
27 **Suite 804**

City & State
23 **Coral Gables, FL**

City & State
28 **Coral Gables, FL**

Zip Country
24 **33134** 25 **USA**

Zip Country
29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

**Semet Lickstein Morganstein & Berger
201 Alhambra Circle
Coral Gables, FL 33134**

10. Name and Address of New Registered Agent

81 Name
Gary L. Berman
82 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 804
83
84 City
Coral Gables 85 Zip Code
FL 33134

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]* **Gary L. Berman President** 04/23/99
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 **DPT** ☐ DELETE
NAME **Berman, Gary L**
STREET ADDRESS **1320 S. Dixie Highway, Suite 120**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **VP** ☐ DELETE
NAME **Nieto-Vidal, Sylvia M.**
STREET ADDRESS **1320 S. Dixie Highway, Suite 120**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ DELETE
NAME **Berman, Valerie S.**
STREET ADDRESS **1320 S. Dixie Highway, Suite 120**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **201 Alhambra Circle, Suite 804**
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **201 Alhambra Circle, Suite 804**
2.4 CITY-ST-ZIP **Coral Gables, FL 33134**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D/Managing Director**
3.3 STREET ADDRESS **201 Alhambra Circle, Suite 804**
3.4 CITY-ST-ZIP **Coral Gables, FL 33134**

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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Gary L. Berman** 04/23/99 669-3900
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)