

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 027 ****61.25

DOCUMENT # N98000003797

Corporation Name

MISSIONARY SERVICE & SUPPLY INTERNATIONAL, INC.

Principal Place of Business

5387 51ST DRIVE
STUART FL 34997

Mailing Address

5387 51ST DRIVE
STUART FL 34997



Principal Place of Business 5387 S.E. 51 st DRIVE		2a. Mailing Address 5387 S.E. 51 st DRIVE		3. Date Incorporated or Qualified 06/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0846006	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent KUGLIN, NORMAN 5387 51ST DRIVE STUART FL 34997				10. Name and Address of New Registered Agent 81 Name KUGLIN, NORMAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 5387 S.E. 51 st DRIVE 84 City STUART FL 85 Zip Code 34997-1637	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D KUGLIN, NORMAN 5387 51ST DRIVE STUART FL 34997	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	D KUGLIN, RAYLYN 5387 51ST DRIVE STUART FL 34997	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	D KUGLIN, AARON 5387 51ST DRIVE STUART FL 34997	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	D MAGDA, DAVID 5387 51ST DRIVE STUART FL 34997	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	D SCHROEDER, DENNIS 5387 51ST DRIVE STUART FL 34997	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	D VANOOSTEN, ROGER ADRIAN 5387 51ST DRIVE STUART FL 34997	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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 OF REGISTERED AGENT
NORMAN KUGLIN

Date

Daytime Phone #

CR2E037 (5/99)