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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000014297 (5)

1. Corporation Name  
MSI OF CENTRAL FLORIDA, INC.



Principal Place of Business

305 NORTH DRIVE  
SUITE A  
MELBOURNE FL 32934

Mailing Address

305 NORTH DRIVE  
SUITE A  
MELBOURNE FL 32934-9201

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

01/15/1997

2. Principal Place of Business

21 345 East Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 345 East Drive

Suite, Apt. #, etc.

4. FEI Number

59-3161469

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

City & State

23 Melbourne, Florida

Zip

24 32904

Country

25 USA

City & State

28 Melbourne, Florida

Zip

29 32904

Country

30 USA

9. Name and Address of Current Registered Agent

COOPER, DANIEL R  
305 NORTH DRIVE  
SUITE A  
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name

Daniel R. Cooper

82 Street Address (P.O. Box Number is Not Acceptable)

345 East Drive

83

84 City

Melbourne

FL

85 Zip Code

32904

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME COOPER, DANIEL R  
STREET ADDRESS 305 NORTH DR., SUITE A  
CITY-ST-ZIP MELBOURNE FL 32934 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSDT ☒ Change ☐ Addition  
1.2 NAME Cooper, Daniel R.  
1.3 STREET ADDRESS 345 East Drive, Melbourne, FL 32904

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Cooper, Craig R.  
2.3 STREET ADDRESS 345 East Drive  
2.4 CITY-ST-ZIP Melbourne, FL 32904

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME Cooper, Christopher B.  
3.3 STREET ADDRESS 345 East Drive  
3.4 CITY-ST-ZIP Melbourne, FL 32904

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 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 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:

*Daniel R. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Cooper

02/19/97 (407)723-4020

Date

Daytime Phone # 0001279

CR2E034 (9/96)