FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19 DOCUMI Corporation Na -K/SYSTEM	_{lame} MS INTERNATIONAL CORI SYSTEM C INTERV	₹	•		
Principal Place of Business Mailing Address 6202 W. LINEBAUGH AVE. TAMPA FL 33625 Mailing Address 6202 W. LINEBAUGH AVE. TAMPA FL 33625				Date Incorporated or Qualified	
				02/04/1993 4. FEI Number	08/09/1995 Applied For
2. Principal Place	e of Business N 10th ST	2a. Mailing Address	10th ST	59-3157077	Not Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
TAMIA		28 TAMPA	FL Country :	Trust Fund Contribution 8. This corporation has liability for	- Added to rees
Zip 33612	Country	29 33612	Country USA	Florida Statutes	s 🎇 No
77412	9. Name and Address of Curren		81 Name	10. Name and Address of New F	Hegistered Agent
6202 W. LI TAMPA FL			83 84 City	Address (P.O. Box Number is Not Acceptate	FL 85 Zip Code
signature si	Sandure typed or prode to an old registeral ages	500, 60, 60, 60, 60, 60, 60, 60, 60, 60,	It. Registered Agent Signature to		3/22/96 DATE FFICE RS AND DIRECTORS IN, 12
12. TITLE	PD OFFICERS AN	DELETE	1 1 101E	PD	Change 📝 Addition
NAME	ALLBRITTION, JAMES T		1.2 NAME	STEVEN J. POTTER 10112 N. 10th ST	
STREET ADDRESS	6202 W. LINEBAUGH AVE.		1 3 STREFT ADDRESS 1 4 C/TY - ST - Z/P	TAMPA, FL 33	612
CITY-ST-ZIP TITLE	TAMPA FL 33625 D	₩ DELETE	2 1 TITLE	ÉD '	Change Addition
NAME	KISER, MARK		2.2 NAME	MARY P. JONES 1307 N. HWILLY AU	E
STREET ADDRESS	2565 BLACKBURN ST		2.3 STREET ADDRESS 2.4 City-St-7/P	TAMPA FL 3	3604
CITY-ST-ZIP TITLE	CLEARWATER FL D	DELETE	3 1 TITL€		Change Addition
NAME	BACHERT, CORRINE		3.2 NAME		
STREET ADDRESS	2565 BLACKBURN STREET		3.3 STREET ADDRESS 3.4 City - St - Zip		
CITY-ST-ZIP TITLE	CLEARWATER FL 34623	DELETE	4 1 IIIvE		Change Addition
NAME :	SELIGMAN, SCOTT	~ 3	4.2 NAME		
STREET ADDRESS	2565 BLACKBURN ST		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	DELETE	44 CITY - ST-7IP 5 1 Till E		Change Addition
TITLE NAME		F Derrie	5.2 NAME		
NAME STREET ADDRESS	}		5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY - ST - ZIP		Change
TITLE		☐ DELETE	6 1 TITLE 6 2 NAME	2000019 -08/09/9601	11 (832°
NAME STREET ADDRESS			6.3 STREET ADDRESS	-08/09/9601 ***225.00	1000 - 019
CITY-ST-ZIP			6 4 CITY - ST - ZIP	"If the assembles stated in Section 1	19 07/31/kl Florida Statutas I futbor
14. I do hereo	by certify that the information supplices the information indicated on this are	ed with this filing is voluntarily fur neual report or supplemental and	rnished and does not qui nual report is true and a	ualify for the exemption stated in Section 1 accurate and that my signature shall have tute this report as required by Chapter 607,	the same legal effect as if made under Elorida Statutes; and that my posse
	at the information indicated on this ar t Lam an officer or director of the cor in Block 12 or Block 13 if compact. C				813 238 7705
	Sta.	- 1 Am	5	2.14.al-	813 171 1768
SIGNAT	TURE:	D OR PONTED NAME OF SIGNING OFFICE	DEA OR DIRECTOR	Date:	813 471 1768 (1C, 6/4/46
	SKINATUHE AND TYPE	0	•		(14, 4/9/96