

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

**CORPORATION
ANNUAL REPORT
1995**



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

AND
FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044229 (1)

1. Corporation Name

MSS ASSOC. INC.

Principal Place of Business

**3265 NORTH OCEAN BLVD.
GULF STREAM FL 33483**

Mailing Address

**3265 NORTH OCEAN BLVD.
GULF STREAM FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted

06/16/1993

3a. Date of Last Report

09/01/1994

4. FEI Number

65-0428544

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. Suite Apt. # etc.

26. Suite Apt. # etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**SCHWARTZ, MARTIN
3265 NORTH OCEAN BLVD.
GULF STREAM FL 33483**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0103 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Agent (if different from registered agent, the corporation)

Signature of Registered Agent (if not registered agent, the corporation)

12/

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, MARTIN
STREET ADDRESS	3265 NORTH OCEAN BLVD.
CITY, ST, ZIP	GULF STREAM FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on another report with an addendum.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN S. SCHWARTZ

4/21/95

Date

Signature Number 8