

FILED

May 13 1997 8:00am
Secretary of State



1. Corporation Name
M.S. COMPUTERS, INC.

Principal Place of Business	Mailing Address
8551 W SUNRISE BLVD STE 102 PLANTATION FL 33322 US	PO BOX 17018 PLANTATION FL 33318-7018 US

3. Date Incorporated or Qualified 08/02/1993		3a. Date of Last Report 04/11/1996	
4. FEI Number 65-0432125		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business			2a. Mailing Address		
21			26		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
22			27		
	City & State			City & State	
23			28		
	Zip	Country		Zip	Country
24	25		29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHIRLEY, MICHAEL		81	Name
8551 W SUNRISE BLVD		82	Street Address (P.O. Box Number is Not Acceptable)
STE 102		83	
PLANTATION FL 33322		84	City
		85	Zip Code

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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	SHIRLEY, MICHAEL	1.2 NAME	
STREET ADDRESS	11440 SW 3RD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	CHARMAINE, SHIRLEY	2.2 NAME	
STREET ADDRESS	11440 SW 3RD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	FAERMAN, ROBERT	3.2 NAME	
STREET ADDRESS	249 NW 101 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (9/96)