

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 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 # P93000056670 (1)			
1. Corporation Name MSW, INC.			
Principal Place of Business 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174		Mailing Address 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174-4949	
2. Principal Place of Business		3a. Date of Last Report	
21		03/22/1996	
22 Suite, Apt #, etc.		3. Date Incorporated or Qualified	
23 City & State		08/12/1993	
24 Zip		4. FEI Number	
25 Country		59-3201523	
26		5. Certificate of Status Desired	
27 Suite, Apt #, etc.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
28 City & State		9. Name and Address of Current Registered Agent	
29 Zip		CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	
30 Country		10. Name and Address of New Registered Agent	
31		81 Name	
32		82 Street Address (P.O. Box Number is Not Acceptable)	
33		83	
34		84 City	
35		FL 85 Zip Code	
36		32174	
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: <i>C.W. Singletary</i> 3/18/97			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
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: <i>C.W. Singletary</i> 3/18/97 904627018			



CR2E034 (9/96)