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

PROFIT CORPORATION ANNUAL REPORT

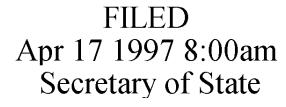
1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400013657 (9) MESSAGE CONSTRUCTION COMPANY





Principal Plac	e of Business	Mailing A	Mailing Address				1 10011901 116 10111	, 10001000 146 1010 0101 0011 0011 0011 1011 1					
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	10011100 12 0010	·•		BOR ISLANDS F		042							
`								3. Date Incorpora 02/18/1994	ted or Qualified	3a. Date o 05/01/	f Last F 1996	Report	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	_	-	A	oplied For	1	
21		26					65-053413	65-0534139 Not Applica				,1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of St	etus Decired	□ \$	8.75	Additional	1	
22		27					9. Certificate of St	atus Desired		Fee Re	equired		
City & Stat	e .	City & State					6. Election Campa	aign Financing	~ ~ ~ · · · · · · · · · · · · · · · · ·				
23			[28]					Trust Fund Cor	tribution	<u> </u>	Added	to Fees	
Zip		Country	Zip			Country		8. This corporation				199.032,	
24	25 Name and	Address of Current	29 Registered	Agent	30	1	·	Florida Statutes 10. Name and Add		Yes N			
SAK	OWITZ, ALAN	Addition of Carroll	ricgiateiço	Can.		81	Name	IV. Itame and Add	ileas of Hely Hot	listered Age	<u> </u>		+
		OURSE, SUITE 401											
	HARBOR ISLA	82			Street	freet Address (P.O. Box Number is Not Acceptable)							
		***************************************				63							
													╛
						84	City			FL 8	Zip i	Code	
11. Pursuant office or r	to the provisions egistered agent.	of Sections 607.0502 or both, in the State o	and 607.150 f Horida. Su	08, Florida Statu ch change was	tes, the a	d by bov∈	named the corp	corporation submits this st coration's board of director	atement for the pu s. I hereby accept	upose of cha	 nging it nent as	ts registered registered	1
agent. I a	m fa miliar with, a	and accept the obligat	ions of, Sect	ion 607.0505, Fl	lorida Sta	tutes	i. '		, .			Ü	
SIGNATURE	Clanatura hand sy ani	inted name of registered agent	ned Hod or also	ales (610)	II - Donistum	 d Ann	al cional ma	required when reinstating)		DATE			
12.	orginatore, types or pri	OFFICERS AND		<u>.</u>	13.	o vigit	ili signature		ANGES TO OFFIC		RECTOR	RS IN 12	18
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not meleby 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 ham 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 open attachment with an address.

4/9/97