FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00					
COR		and the second sec	RTMENT OF STATE 3. Mortham		
	JAL REPORT	36 J M	ry of State		ED
	1996	DIVISION OF (Apr 29 1996_8:00 am	
DOCUMENT # P94000037206 (7)				Secretary of State	
FLOR	IDA M&S CORPORATION				
Principal Place	of Business	Mailing Address			
4825 WASHINGTON ST. HOLLYWOOD FL 33021		4825 WASHINGTON S HOLLYWOOD FL 3302			
				3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0490850	Applied For Not Applicable
Suite, Apt. 22	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	See Required
City & State 23	9	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zıp 24	Country 25	Ζιρ 29	Count y 30	8. This corporation has liability for i Florida Statutes	X No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New 9	égistared Agent
ROCK, SONDRA 4825 WASHINGTON ST.			82 Street Addr	dress (P.O. Box Number is Not Acceptable)	
	WOOD FL 33021		83		
			84 Ony	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. 					
12.	Signature spector protect name of registerion age OFFICERS A	IND DIRECTORS	E Begelond A _E integratore required 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	Р	DELETE	1.110		
NAME STREET ADDRESS	ROCK, SANDRA 4825 WASHINGTON STRE	ET	12 NAM 13 STRE T ADDRESS		CERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE	HOLLYWOOD FL		1.4 CITY_ST-Z:P 2.1 TITL		Change Addition
NAME	ROCK, MARK		2.2 NAM		
STREET ADDRESS	4825 WASHINGTON STRE	ET	2.3 STRE T ADDRESS		
C:TY-ST-ZIP TITLE	HOLLYWOOD FL	DELETE	2.4.C(TY_ST_Z(P) 3.1.T(FL)		Change Addition
NAME			3.2 NAM:		
STREET ADDRESS			3.3 STREEF ADDRESS		
C+TY+ST+ZIP TITLE			3.4 C+TY_ST-7IP 4.1 T TL		Change Addition
NAME			4 2 NAM:		
STREET ADDRESS			4.3 STRE TIADDRESS		
CITY - ST - ZIP TITLE			44 CITY ST-ZIP		
NAME			5 1 TrTL 5 2 NAM:		Change CAddition
STREET ADDRESS			5.3 STRE TADDRESS		
CITY · ST · ZIP			54 CITY ST-ZIP		
TRILE NAME		DELETE	6 1 THU 6 2 NAM		Change 🔲 Addition
STREET ADDRESS			6.3 STRE T AUDRESS		
CITY-ST-ZIP			64 CITY ST-ZIF		
14. For hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information incleated on this annual report or supplemental annual report is the 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: Julia But SONDA Back 328 56 (95) 989-1001					
SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR					