

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000066654 (2)

1. Corporation Name

DMV, SMALL CORPORATE OFFERING REGISTRATION SYSTE  
MS SOLUTION, INC.

Principal Place of Business

Mailing Address

801 WEST BAY DR  
SUITE 707  
LARGO FL 34640  
US

801 WEST BAY DR  
SUITE 707  
LARGO FL 34640  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

59-3260737

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fes Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business  
21 7887 Bryan Dairy Rd.  
Suite, Apt. #, etc.  
22 Suite 105  
City & State  
23 LARGO, FL  
Zip  
24 33777  
Country  
25 USA

2a. Mailing Address  
26 7887 Bryan Dairy Rd.  
Suite, Apt. #, etc.  
27 Suite 105  
City & State  
28 LARGO, FL  
Zip  
29 33777  
Country  
30 USA

9. Name and Address of Current Registered Agent

TOUPS, LEON H  
801 WEST BAY DR  
SUITE 707  
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name

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

7887 Bryan Dairy Rd.

83 Suite 105

84 City LARGO

FL

85 Zip Code

33777

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

LEON H. TOUPS

Leon H. Toup

4/30/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TOUPS, LEON H	
STREET ADDRESS	801 WEST BAY DR SUITE 707	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUPS, MICHAEL P	
STREET ADDRESS	801 WEST BAY DR SUITE 707	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLANCY, MARK C	
STREET ADDRESS	801 WEST BAY DR SUITE 707	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7887 Bryan Dairy Rd, Ste 105
1.4 CITY-ST-ZIP	LARGO, FL 33777
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	" (above)
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	" Cabne.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

Leon H. Toup

LEON H. TOUPS

4/30/98 813548-0918

CR2E034 (10/97)