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FILED

Feb 03 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 # P94000091539 (4)

1. Corporation Name
MSGs, INC.

Principal Place of Business

307 MANATEE DRIVE
RUSKIN FL 33570

Mailing Address

P.O. BOX 7037
SUN CITY FL 33586-7037
US



3. Date Incorporated or Qualified 12/19/1994
3a. Date of Last Report 01/24/1996

2. Principal Place of Business
21 6718 SIMMONS LOOP
22 Suite, Apt. #, etc.
23 City & State Riverview, FL
24 Zip 33569 25 Country USA

2a. Mailing Address
26 6718 SIMMONS LOOP
27 Suite, Apt. #, etc.
28 City & State Riverview, FL
29 Zip 33569 30 Country USA

4. FEI Number 59-3295113
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, MABEL C
307 MANATEE DR.
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name E. GEORGE SIMMONS, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 6718 SIMMONS LOOP
83
84 City Riverview FL 85 Zip Code 33569

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 *E. George Simmons, Jr.* E. GEORGE SIMMONS, JR. DATE 1-27-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, MABEL C	
STREET ADDRESS	307 MANATEE DR.	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ELLSWORTH G JR.	
STREET ADDRESS	6718 SIMMONS LOOP	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D/V/S	<input type="checkbox"/> DELETE
NAME	SANDRA SIMMONS	
STREET ADDRESS	6718 SIMMONS LOOP	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. GEORGE SIMMONS, JR.
2.3 STREET ADDRESS	6718 SIMMONS LOOP
2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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: *E. George Simmons, Jr.* E. GEORGE SIMMONS, JR. 1/27/97 813-677-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)