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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000019458 1. Corporation Name

MSL VENTURES, INC.

Principal Place of Business

Mailing Address

04-01-1999 90008 033 ***150.00

2270 S.E. COUNTRY CLUB ROAD STUART FL 34996		STUART FL 34996			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					03/08/1995			1
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	\perp	olied For	
21		26			65-0562679		Applicable	ļ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	5. Certificate of Status Desired	s Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			ĺ
23		28			Trust Fund Contribution Added to Fees			
Žip	Country	Zip	_		8. This corporation owes the current year Intangible			Ì
24	25 29		30		Personal Property Tax. Yes No			1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt		{
				81 Name				
	DD, STEVEN J		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			1
	E OCEAN BLVD							1
2ND		i		83				
STUART FL 34496				84 City	FL ⁸	5 Zip C	ode	1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was aut	norized	i by the corporati	poration submits this statement for the purpose of chainin's board of directors. I hereby accept the appointment	nging its ent as reg	registered pistered	
SIGNATURE								ļ
·	Signature, typed or printed name of registered agent			Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO	DC IN 12	∮ ģ
12.	OFFICERS AND		13.			Change	Addition	2
TITLE	PVST	☐ DELETE	_			ona igo		-
NAME	SAN LORENZO, MARJORIE	•=	1.2 NA					1 8
STREET ADDRESS	2270 S.E. COUNTRY CLUB RO	AD		REET ADORESS				
CITY-ST-ZIP	STUART FL 34996	□ PELETE	_	TY-ST-ZIP		Change	Addition	1 5
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NAME			6.2 N					
STREET ADDRESS			6.3 ST	TREET ADDRESS				
CITY-ST-ZIP			6.4 C	TY-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 on an attachment with an address, with all other like empowered.