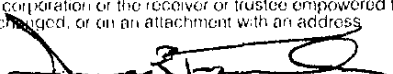
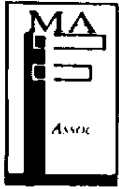


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Sep 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000021730 (3) 1. Corporation Name THE M.S.I. GROUP, INC.			
Principal Place of Business 12859 N NORMANDY WAY PALM BEACH GARDENS, FL 33410		Mailing Address 12859 N NORMANDY WAY PALM BEACH GARDENS, FL 33410	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. 22 SUITE 112 City & State 23 PALM BEACH GARDENS, FL Zip 24 33410 Country 25 U.S.A.		2a. Mailing Address 26 11380 PROSPERITY FARMS RD. Suite, Apt. #, etc. 27 SUITE 112 City & State 28 PALM BEACH GARDENS, FL Zip 29 33410 Country 30 U.S.A.	
3. Date Incorporated or Qualified 03/16/1995		4. FEI Number 65-0564030	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FAICHNEY, JAMES F 88 E. BLUE HERON BLVD. RIVIERA BEACH, FL 33404		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD. 83 SUITE 112 84 City PALM BEACH GARDENS FL 85 Zip Code 33410	
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 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 P NAME FAICHNEY, JAMES F STREET ADDRESS 88 E BLUE HERON BLVD. CITY-ST-ZIP RIVIERA BEACH, FL 33404 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 11380 PROSPERITY FARMS RD., SUITE 112 1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 8000002646088 5.3 STREET ADDRESS -09/22/98--01032-- 045 5.4 CITY-ST-ZIP ***150.00 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 on an attachment with an address			
SIGNATURE: 		9/8/98 561-624-7800	

CR2E034 (5/98)



***M.A. Faichney & Associates, P.A.***

***Certified Public Accountants***

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September 3, 1998

Division of Corporations  
409E Gaines Street  
Tallahassee, FL. 32314  
Re: Document # P95000021730 (3)

Dear Sir/Madam,

**Corporate Annual Report**

Please find attached the Corporate Annual Report on behalf of our client The M.S.I. Group, Inc. We apologize for this late submittal due mainly because the Group's mailing address had changed and the 1998 Report was not forwarded to the new location.

We hereby respectfully request that you accept the enclosed fee of \$150.00 and waive the penalty involved. Thank you for your kind understanding.

Sincerely,

M.A. FAICHNEY & ASSOCIATES, P.A.