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May 01 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 # P95000024766 (4)

1. Corporation Name
MPS, CORP.

Principal Place of Business
628 CARIBBEAN DR
KEY LARGO FL 33037

Mailing Address
P.O. BOX 285
KEY LARGO FL 33037-0285



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0565910		Applied For Not Applicable	
22 City & State	27 City & State	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	
23 Zip	25 Country	28 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOTAMEDI, MOHAMMAD
20 ROBERT ST
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name	MOTAMEDI, MOHAMMAD	
82 Street Address (P.O. Box Number is Not Acceptable)	690 104500 OVERSEAS HWY	
83	# A-101	
84 City	KEY LARGO	FL 85 Zip Code 33037

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	MOTAMEDI, MOHAMMAD	12 NAME	MOTAMEDI, MOHAMMAD
STREET ADDRESS	20 ROBERT ST	13 STREET ADDRESS	104500 OVERSEAS HWY # A-101
CITY-ST-ZIP	KEY LARGO FL 33037	14 CITY-ST-ZIP	KEY LARGO FLORIDA 33037
TITLE	TD	21 TITLE	
NAME	SMITH, MEL E	22 NAME	
STREET ADDRESS	125 PIPPIN DR	23 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD
NAME	PETHYBRIDGE, PETER	32 NAME	PETHYBRIDGE, PETER
STREET ADDRESS	125 PIPPIN DR	33 STREET ADDRESS	690 DOLPHIN AVE
CITY-ST-ZIP	ISLAMORADA FL 33036	34 CITY-ST-ZIP	KEY LARGO FLORIDA 33037
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ DATE: 1/1/97

CR2E034 (9/96)