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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000026159 (0)

M & S TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State



15/00/00

1043 KINDLING CT. CASSELBERRY FL 32707		1943 KINDLING CT. Casselberry FL 32707		DO NOT WRITE IN TH	NS SPACE	
					3. Date Incorporated or Qualified 03/29/1995	37.02
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-3314773	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
City & State		27 Chu & State	City & State		5. Certificate of Status Desired	Fee Required
23		28	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country		8. This corporation owes or has paid the	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Register	ed Agent
HU	inter, Daniel M		81	Name		
243	3 W. PARK AVE.		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
WI	NTER PARK FL 32789		83			<del>"</del>
			84	City		85 Zip Code
				🗀	F	EL DS EP COOC
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	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	Marvan, Paulina		1.2 NAME			
STREET ADDRESS	<b>8</b> 310 COMPHOR TREE DRIVE		1.3 STREE	ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP		
TITLE	5	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	<b>S</b> HAFIEE, PARISA		2.2 NAME			
STREET ADDRESS	1943 KINDLING CT.		2.3 STREE	ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2. 4 CITY-ST-ZIP			
TITLE		☐ DFLETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY+ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREE	AODRESS		
CITY-ST-ZIP			4.4 CITY-1	ST - ZIP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		
TITLE		DELET <b>e</b>	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY - :			
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify fo	r the exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I furthe	r 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.						