


FILED
Apr 21, 2003 8:00 am
Secretary of State

18

DOCUMENT # P95000026159

1. Entity Name
M & S TECHNOLOGY, INC.



Principal Place of Business
901 GRANT ST. SOUTH
LONGWOOD FL 32750

Mailing Address
901 GRANT ST. SOUTH
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3314773

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M
243 W. PARK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
CYRUS AHSANI
Street Address (P.O. Box Number is Not Acceptable)
901 S. GRANT ST
City
LONGWOOD FL Zip Code
32750

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
CYRUS AHSANI, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
04-16-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CYRUS, AHSANI
901 S GRANT ST
LONGWOOD FL 32750

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
JOHN LEARY
154 WINGHURST BLVD
ORLANDO, FL 32828

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRUS AHSANI
Signature and typed or printed name of signing officer or director Date
04/16/03 (407) 261-0980