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Apr 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 # P96000000103 (7)

1. Corporation Name

HARRIS INTERNATIONAL MSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4610 PORTOBELLO CIRCLE VALRICO FL 33594		Mailing Address P.O. BOX 1405 VALRICO FL 33595	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent HARRIS, MARVELL L 4610 PORTOBELLO CIRCLE VALRICO FL 33594		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE		DATE	
[Signature]		4/14/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HARRIS, MARVELL L.	1.2 NAME	
STREET ADDRESS	4610 PORTOBELLO CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	HARRIS, SHELIA D.	2.2 NAME	
STREET ADDRESS	4610 PORTOBELLO CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	WASHINGTON, EDDIE	3.2 NAME	
STREET ADDRESS	5 HIALEAH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CP2E034 (10/97)