

OND*NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000002440**
Corporation Name

MSSA, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 040 ***550.00



Principal Place of Business Mailing Address
00 CARTER ROAD **15200 CARTER ROAD**
TE 8-8 **SUITE B-8**
RAY BEACH FL 33484 **DELRAY BEACH FL-33484**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		26		01/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0633946	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HORN, DOUBLAS M		81 Name	
20533 BISCAYNE BLVD		82 Street Address (P.O. Box Number is Not Acceptable)	
#257		83	
AVENTURA FL 33180		84 City	
		FL 85 Zip Code	

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: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PAUL, MELVIN		1.2 NAME	
10133 BROOKVILLE LANE		1.3 STREET ADDRESS	
BOCA RATON FL 33428		1.4 CITY-ST-ZIP	
	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *Melvin Paul*

8/31/99

CR2E034 (5/99)