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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000031033		
1. Corporation Name MSM ENTERPRISES, INC.		



Principal Place of Business 3451 NE 11TH AVE., APT. 8 OAKLAND PARK FL 33334	Mailing Address 3451 NE 11TH AVE., APT. 8 OAKLAND PARK FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principle Place of Business 21 3000 E. SUNRISE BLVD.				2a. Mailing Address 26 3000 E. SUNRISE BLVD				3. Date incorporated or Qualified 04/04/1996			
Suite, Apt. #, etc. 22 PH-H				Suite, Apt. #, etc. 27 PH-H				4. FEI Number 65-0646857			
City & State 23 FT. LAUDERDALE, FL.				City & State 28 FT. LAUDERDALE, FL.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24 33304				Country 25 U.S.A.				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
29 33304				30 U.S.A.				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCCARTHY, MICHAEL S 3451 NE 11TH AVE., APT. 8 OAKLAND PARK FL 33334	10. Name and Address of New Registered Agent 81 Name MICHAEL S. MCCARTHY 82 Street Address (P.O. Box Number is Not Acceptable) 3000 E. SUNRISE BLVD PH-H 83 84 City FT. LAUDERDALE FL 85 Zip Code 33304
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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 *Michael S. McCarthy* **MICHAEL S. MCCARTHY** DATE **4/10/99**
Signature, typed or printed name of registered agent and title (Print Name) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME MCCARTHY, MICHAEL S	1.1 TITLE D	1.2 NAME MICHAEL S. MCCARTHY
STREET ADDRESS 3451 NE 11TH AVE., APT. 8	CITY-ST-ZIP OAKLAND PARK FL 33334	1.3 STREET ADDRESS 3000 E. SUNRISE BLVD. PH-H	1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33304
TITLE D	NAME MAXWELL, MARY E	2.1 TITLE DELETE	2.2 NAME DELETE
STREET ADDRESS 3451 NE 11TH AVE., APT. 8	CITY-ST-ZIP OAKLAND PARK FL 33334	2.3 STREET ADDRESS DELETE	2.4 CITY-ST-ZIP DELETE
TITLE DELETE	NAME DELETE	3.1 TITLE DELETE	3.2 NAME DELETE
STREET ADDRESS DELETE	CITY-ST-ZIP DELETE	3.3 STREET ADDRESS DELETE	3.4 CITY-ST-ZIP DELETE
TITLE DELETE	NAME DELETE	4.1 TITLE DELETE	4.2 NAME DELETE
STREET ADDRESS DELETE	CITY-ST-ZIP DELETE	4.3 STREET ADDRESS DELETE	4.4 CITY-ST-ZIP DELETE
TITLE DELETE	NAME DELETE	5.1 TITLE DELETE	5.2 NAME DELETE
STREET ADDRESS DELETE	CITY-ST-ZIP DELETE	5.3 STREET ADDRESS DELETE	5.4 CITY-ST-ZIP DELETE
TITLE DELETE	NAME DELETE	6.1 TITLE DELETE	6.2 NAME DELETE
STREET ADDRESS DELETE	CITY-ST-ZIP DELETE	6.3 STREET ADDRESS DELETE	6.4 CITY-ST-ZIP DELETE

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Michael S. McCarthy* **MICHAEL S. MCCARTHY** DATE **4/10/99** (954) **637-9166**
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)