

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000066672 (2)

1. Corporation Name

MSA MANAGEMENT GROUP, INC.

Principal Place of Business

189 E. MORSE BLVD.  
NO. 22  
WINTER PARK FL 32789

Mailing Address

189 E. MORSE BLVD.  
NO. 22  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3383554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 620 E. COLONIAL DR          | 26 PO. BOX 533709   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23 ORLANDO FL                  | 28 ORLANDO FL       |
| Zip                            | Zip                 |
| 24 32803                       | 29 32853 3709       |
| Country                        | Country             |
| 25 USA                         | 30 USA              |

9. Name and Address of Current Registered Agent

CORDONE, JEFFREY E  
189 E. MORSE BLVD.  
NO. 22  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name KENNETH H. DIUKLAGE  
82 Street Address (P.O. Box Number is Not Acceptable)  
620 E. COLONIAL DR  
83  
84 City ORLANDO FL 85 Zip Code 32803

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

*Kenneth H. Diuklage*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-98

|                            |                      |   |                     |
|----------------------------|----------------------|---|---------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
| TITLE                      | P                    | 1.1 TITLE   | PRESIDENT           |
| NAME                       | CORDONE, JEFFREY E   | 1.2 NAME  | KENNETH H. DIUKLAGE |
| STREET ADDRESS             | 189 E. MORSE BLVD.   | 1.3 STREET ADDRESS                                    | 620 E. COLONIAL DR. |
| CITY-ST-ZIP                | WINTER PARK FL 32789 | 1.4 CITY-ST-ZIP                                       | ORLANDO, FL 32803   |
| TITLE                      | ST                   | 2.1 TITLE   |                     |
| NAME                       | CORDONE, TARYL Z     | 2.2 NAME  |                     |
| STREET ADDRESS             | 189 E. MORSE BLVD.   | 2.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | WINTER PARK FL 32789 | 2.4 CITY-ST-ZIP                                       |                     |
| TITLE                      |                      | 3.1 TITLE   |                     |
| NAME                       |                      | 3.2 NAME  |                     |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                |                      | 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.

SIGNATURE:

*Kenneth H. Diuklage*

4-1-98

407-839-0057

CR2E034 (10/97)