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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State Kathe ine Harris Secretary of State 04-27-1999 90071 029 ***150.00

DOCUMENT #	P96000066672
I. Corporation Name	

MSA MANAGEMENT GROUP, INC.

111011	* * ** ** **	 	•	

Principal P ace of Business 620 E COLONIAL DRIVE ORLANDO FL 32803

P.O. BOX 533709 ORLANDO FL 32853-3709

Mailing Address

DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed	
2. Principal	Place of Business	2a. Mailing Add	Iress		08/05/1996 4. FEI Number	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. i	#, etc.		59-3393554 5. Certifcate of Status Desired □	\$8.75 Additional Fee Required
City & Sit	ate	City & State	9		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	Co.	untry	This corporation owes the current year Personal Property Tax.	Intangible □ Yes □ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	NKLAGE, KENNETH H			81 Name 82 Street Ad	dress (P.O. Bo c Number is Not Acceptable)	

ORLANDO FL 32803

81	Name			
82	Street Address (P.O. Bo c Number is Not Acceptable)			
83			-	
84	City	F'L	85	Zip Code

11. Pursuant to the provisions of Sections 607.050? 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	Signature, typed or printed name of registered agent and title if applicable (NO E:	Registered Agent signature reci	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DINKLAGE, KENNETH H	1.2 NAME	
STREET ADDRESS	620 E COLONIAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	· ·
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	□ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	One in 440 07/0V/) Floride Statutes I further contributed the information

14. There by 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 acturate and that my signature shall have the same legal effect as if made there oath; that it 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 change 1, or, on an attachment with an address, with all other like empowered.

SIGNATURE: