


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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000102167 (9)**

1. Corporation Name

**M.S. MARKETING SERVICES, INC.**

Principal Place of Business

**2721 AUTUMN GREEN DRIVE  
ORLANDO FL 32822**

Mailing Address

**2721 AUTUMN GREEN DRIVE  
ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>8048 St Andrews Circle</b>	26 <b>8048 St Andrews Circle</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <b>6</b>	27 <b>6</b>		
City & State		City & State	
23 <b>Orlando Florida</b>	28 <b>Orlando Florida</b>		
Zip	Country	Zip	Country
24 <b>32835</b>	25 <b>USA</b>	29 <b>32835</b>	30 <b>USA</b>

3. Date Incorporated or Qualified

**01/01/1997**

4. FEI Number

**59-3414830**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$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

9. Name and Address of Current Registered Agent

**SCHAEFER, MARCIA  
2721 AUTUMN GREEN DRIVE  
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name	<b>Schaefer, Marcia</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8048 St. Andrews Circle</b>
83	
84 City	<b>Orlando</b>
FL	<b>85</b>
Zip Code	<b>32835</b>

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

*Marcia Schaefer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/16/98**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>President</b>
NAME	<b>SCHAEFFER, MARCIA</b>	1.2 NAME	<b>Schaefer, Marcia</b>
STREET ADDRESS	<b>2721 AUTUMN GREEN DR</b>	1.3 STREET ADDRESS	<b>8048 St Andrews Circle</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	1.4 CITY-ST-ZIP	<b>Orlando FL 32835</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Marcia Schaefer*

**1/16/98 417-390-8216**

CR2E034 (10/97)