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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700008495

1. Corporation Name

MMS AMERICAS, INC.

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90100 003 \*\*\*150.00



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Principal Place of Business Mailing Address									
2001 PALM BEACH LAKES BLVD 2001 PALM BEACH			BLVD						
SUITE 203	-1011 51 50100 0511	SUITE 203				DO NOT WRITE IN THIS SPACE			
MESI SATM R	EACH FL 33409-6514	WEST PALM BEACH FL 33409-6514				3. Date Incorporated or Qualifed			$\neg$
						01/23/1997			-
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T-1	Applied For	
21		26				65-0720089		Not Applicab	le
	#; etc.====================================	Suite, Apt. #. etc.				5. Certificate of Status Desired	\$8.7	5 Additional	_]_
22		27			-	5. Certificate of Status Desired — []	Fee	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Add	ed to Fees	_
Zip	Country	Zip Country				8. This corporation owes the current year		П.,	
24	25		30			Personal Property Tax.	Yes	□No	_
	9. Name and Address of Current	Registered Agent		04	Name	10. Name and Address of New Registere	a Agent		$\dashv$
IEE	UWEN, PETER V			81	Name				
	1 PALM BEACH LAKES BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	TE 203		ļ	83					$\dashv$
	ST PALM BEACH FL 33409-6514			0.3					}
***	, , , , , , , , , , , , , , , , , , , ,			84	City	F	85 2	ip Code	
	the section of Destions COZ DEO2	and CO7 1509, Florido Statutos	c the el	201/6	-named como	pration submits this statement for the purpose	— ,	its registered	-
office or i	registered agent, or both, in the State of	Florida. Such change was au	thorized	l by i	tne corporatioi	n's board of directors. I hereby accept the app	ointment a	s registered	.
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flore	da Statt	nes.		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: f	Registered	Agen	t signature required	(when reinstating) DATE	·		Ì
			13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12	
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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 supplier ental annual report is true and adcurate 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 or an attachment with an address, with all other like empowered.

SIGNATURE: