

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90097 014 ***150.00

DOCUMENT # P97000037880

1. Corporation Name

MSE ASPEN HOLDINGS, INC.



Principal Place of Business

333 E LAS OLAS BLVD
29TH FLOOR
FORT LAUDERDALE FL 33301
US

Mailing Address

333 E LAS OLAS BLVD
29TH FLOOR
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0747441

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **333 E Las Olas Blvd**

Suite, Apt. #, etc.

2a. Mailing Address

26 **333 E Las Olas Blvd**

Suite, Apt. #, etc.

City & State

23 **Ft Lauderdale FL**

Zip

33301

Country

US

City & State

28 **Ft Lauderdale FL**

Zip

33301

Country

US

9. Name and Address of Current Registered Agent

SMITH, DENNIS D ESQ
110 SOUTHEAST 6TH STREET
29TH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Smith, Dennis D Esq

82 Street Address (P.O. Box Number is Not Acceptable)

110 Southeast 6th St

83

15th Floor

84 City

Ft Lauderdale

FL

85 Zip Code

33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **EGAN, MICHAEL S**
STREET ADDRESS **333 E LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **VP** ☐ DELETE
NAME **EGAN, S JACQUELINE**
STREET ADDRESS **333 E LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **TS** ☐ DELETE
NAME **ARTHUR, ROSALIE V**
STREET ADDRESS **333 E LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)