

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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 019 ***150.00

DOCUMENT # P97000103714

1. Corporation Name MSV OF CENTRAL FLORIDA, INC.

Principal Place of Business 100 OAKRIDGE BLVD #2 BEACH FL 32118 Mailing Address 430 OAKRIDGE BLVD #2 DAYTONA BEACH FL 32118 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 25 26 27 28 29 30

3. Date Incorporated or Qualified 12/09/1997 4. FEI Number 59-3495651 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

9. Name and Address of Current Registered Agent CUPOLO, A M 421 N. WILD OLIVE AVENUE DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Officers and Directors, and Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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: A.M. Cupolo A.M. Cupolo 1/6/99 904-252-4211 Date Daytime Phone #

CR2E034 (1/98)