


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90237 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000006769 1. Corporation Name MSBOSS INC.			
Principal Place of Business 8194 WHITE ROCK CIRCLE SUITE 100 BOYNTON BEACH FL 33436		Mailing Address 8194 WHITE ROCK CIRCLE SUITE 100 BOYNTON BEACH FL 33436	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHNEIDER, JACK ESO. 8194 WHITE ROCK CIRCLE SUITE 100 BOYNTON BEACH FL 33436		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	President & CEO	<input type="checkbox"/> DELETE	
NAME	Jack Schneider		
STREET ADDRESS	8194 White Rock Circle		
CITY-ST-ZIP	Boynton Beach, FL 33436		
TITLE	Vice President	<input type="checkbox"/> DELETE	
NAME	Stephen Poole		
STREET ADDRESS	1799 Isabel Rd Oesth		
CITY-ST-ZIP	Boynton Beach, FL 33436		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME			
63 STREET ADDRESS			
64 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 807, 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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0812323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

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

NAME

STREET ADDRESS

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

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CR2E034 (11/98)

4/21/99

561-364-0717

Date

Telephone #