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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05411

1. Corporation Name

MSR MANAGEMENT GROUP, INC.

Principal Place of Business

7830 ELLIS RD.
MELBOURNE FL 32904

Mailing Address

7830 ELLIS RD.
MELBOURNE FL 32904

CHANGE OF ADDRESS ONLY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1990

4. FEI Number

59-3036344

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 7946 TIMERBERLAKE DR

2a. Mailing Address

26 7946 TIMBERLAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST MELBOURNE, FL

City & State

28 WEST MELBOURNE, FL"

Zip Country

24 32904

Zip Country

29 32904

30

9. Name and Address of Current Registered Agent

**RICE, MARK S.
7830 ELLIS RD.
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81. Name

MARK S. RICE address change

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

7946 TIMBERLAKE DRIVE

83.

84. City

WEST MELBOURNE, FL

FL

85. Zip Code

32904

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 **D** ☐ DELETE
NAME **RICE, MARK S.**
STREET ADDRESS **7830 ELLIS RD.**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **D** ☐ DELETE
NAME **RICE, STEPHANIE A.**
STREET ADDRESS **7830 ELLIS RD.**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☒ Change ☐ Addition
MARK S. RICE ADDRESS ONLY
7946 TIMERBERLAKE DRIVE
WEST MELBOURNE, FL 32904

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mark S. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 4077254090

CR2E034 (11/98)