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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # \$30077

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ELORIDA MOLLINO

FLUKIDA MSI, INC.								
Principal Place of Business	Ma	ailing Address					1181) 0 191(0)	8 14 81811 81831 1881
5121 THOMAS DRIVE PANAMA CITY FL 32408		3521 FLORIDA AVEN PANAMA CITY FL 32						
US		US			3. Date Incorporated or Qualifie 02/06/1991		of Last R 03/14/1	995
2. Principal Place of Business		. Mailing Address			4. FEI Number		L+	Applied For
3521 FLORIDA	A VE 26	0.2. A.L. II4-			59-3049882			Not Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		~	Required
City & State	F(28	City & State			Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be d to Fees
PAMAMA CITY	untry	Ζip	Cou	ntry	8. This corporation has liability	for intangible ta	ax under s	199.032,
	WS A 29		30		Florida Statutes	ves □No		
	idress of Current Regis	stered Agent			10. Name and Address of Nev	w Registered	Agent	
				81 Name				
PRATHER, JOEL G.		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)				
3521 FLORIDA AVENU	E			83				
SUITE A								
PANAMA CITY FL 32405				84 City		FL	85 Z	p Code
familiar with, and accept the o	pligations of Sectionary						, , , , ,	
SIGNATURE Store, typed or printed	name of registered agent and title it	applicable. / reset	~~~		TOELG: PRATITION pured when renastating: ADDITIONS/CHANGES TO 0	DATE	//6	ORS IN 12
SIGNATURE Star Co., typed or printed	1) Links	applicable. / reset	OTE Registered	Agent signature rec	Quired when reinstating)	DEFICERS AND	//6	ORS IN 12
SIGNATURE State typed or printed 12. DP	name of registered agent and title of OFFICERS AND DIRECT	Applicable. (NO	TE Registered	Agent signature rec	Quired when reinstating)	DEFICERS AND	D DIRECTO	
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JUELG. PRAMIA 4/15/96 769-9453