

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 044 ***150.00

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S95191

1. Corporation Name
MRST, INC.



| | |
|--|--|
| Principal Place of Business 2521 NE 50TH STREET FT LAUDERDALE FL 33308 | Mailing Address 2521 NE 50TH STREET FT LAUDERDALE FL 33308 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/18/1991 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
| 4. FEI Number 65-0296350 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent ZOLTOSKI, SUSANA 21133 N.E. 62ND COURT FT. LAUDERDALE FL 33308 | 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 | CITY-STATE-ZIP | <input type="checkbox"/> DELETE | |
| | PVDS | ZOLTOSKI, SUSANA | 2113 NE 62 CT | | |
| | VD | ZOLTOSKI, THOMAS | 2113 NE 62ND CT. | | |
| | V | RATTO, JUAN LUIS | 1479 NE 56 CT | | |
| | Vincent Cres Jr. | 276 SW 7 Ave | Boca Raton FL 33486 | | |
| | | | | <input type="checkbox"/> DELETE | |
| | | | | <input type="checkbox"/> DELETE | |
| | | | | <input type="checkbox"/> DELETE | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan G. Zoltoski* **SUSANA G. ZOLTOSKI** 1/20/99 954 772 4989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)