FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



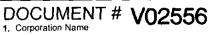
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90199 001 ***150.00



M.S.C.I. HOLDINGS, INC.

| | | | | | | 1 1981 81181 88110 1188 6140 8110 6110 6111 8181 8 | BH BIBIT BIBIT | 41211 4501) 18E1 |
|---|--|---|---------------------|--------------------|--------------------|---|---|------------------|
| Principal Place of Business Mailing Address | | | | | { | | | |
| 156 KEY HEIGHTS DRIVE Tavernier fl 33070 | | 156 KEY HEIGHTS DRIVE TAVERNIER FL 33070 | | | | DO NOT WRITE IN THIS | SDACE | |
| | | | | | ļ | 3. Date Incorporated or Qualifed | SFACE | |
| | | | | | | 12/27/1991 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | pplied For |
| 1 | | 26 | | | | 65-0303558 Not Applica \$8.75 Additional | | |
| Suite, Apt. #, etc. | | <u> </u> | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | • • | Additional |
| 2 | | | | | | | | |
| City & State | | ├ - ¬, ′ | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8e Added to Fees | | |
| 23 | | | Zip Country | | | | | 101 ees |
| Zíp □ | | | _ | 6. ///// carporand | | This corporation owes the current year Interpretation of the current year Interpretation. | · 🚮 🗔 | |
| 4 | 25 29 29 3. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | <u>~ </u> | |
| | g. Name and Address of Currer | ii Kegistered Agent | | 81 | Name | 10. Haite and Addition of the Addition | | |
| GOLI | DFINGER, DAVID A. | | | | | | | |
| | KEY HEIGHTS DRIVE | | 82 | | Street Addres | ss (P.O. Box Number is Not Acceptable) | • | |
| | RNIER FL 33070 | | | 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 Slopature Norsd or crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| OFFICERO AND DIDECTORS | | | | a Agent si | Strarota reducen w | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | ORS IN 12 |
| 12. | P | | DELETE 1.1 TI | | | <u> </u> | ☐ Change | Addition |
| ł | GOLDFINGER, DAVID A | | 1.2 N | | | | | } |
| NAME | 156 KEY HTS DRIVE | | _ | | DDRESS | | | |
| STREET ADDRESS | TAVERNIER FL | | 1.4 CIT | | ľ | | | ł |
| CITY-ST-ZIP TITLE | ST | | | | <u> </u> | | Change | Addition |
| | | | 2.2 N | | | | | İ |
| NAME | 156 KEY HTS DRIVE | | ·- | | DDRESS | | | ļ |
| STREET ADDRESS | TAVERNIER FL | | 1 | 2, 4 CITY-ST-ZIP | | - | - - | ~~ \ |
| CITY-ST-ZIP TITLE | DELETE 3.17 | | | - | | Change | Addition | |
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| CITY-ST-ZIP TITLE | | | 4,1 TI | TILE | | | Change | Addition |
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| NAME | | | | TREET AL | DODESS I | | | Ì |
| STREET ADDRESS | | | JTY-ST-Z | | | | } | |
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| NAME (| ı | | 5.2 N | | | | _ , | - |
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| CITY-ST-ZIP | | | | TILE | | | Change | Addition |
| TITLE | ı | | 6.2 N | | } | | _ , , | _ "} |
| NAME | | | | TREET A | DORESS | | | ļ |
| STREET ADDRESS | | | 6.4 CITY-S | | 1 | 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • | - 1 |
| CITY-ST-ZIP | | | 6.4 C | /II 1-31-2 | LIF | | | |

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 of the receiver of 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 charged, or on an attachment with an address, with all other like empowered.