

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **249428** (4)
1. Corporation Name
M G P INC



Principal Place of Business: **3583 SIMMS ST HOLLYWOOD FL 33021-3103 US**
Mailing Address: **3583 SIMMS ST HOLLYWOOD FL 33021-3103 US**

3. Date Incorporated or Qualified: **07/20/1961**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-0954370**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WOLLOWICK, I J
9999 COLLINS AVE
APT 14J
BAL HARBOR FL 33153**

10. Name and Address of New Registered Agent
81 Name: **WOLLOWICK I J**
82 Street Address (P.O. Box Number is Not Acceptable): **1351 SW 141st Av Bldg G Apt 301**
83
84 City: **PENNEROCKE PINES FL** 85 Zip Code: **33027**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLLOWICK, ISIDORE	
STREET ADDRESS	9999 COLLINS AVE., APT 14J	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TESHER, ROBERT	
STREET ADDRESS	1245 MADISON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWE, SANDRA LOIS	
STREET ADDRESS	3500 34TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLLOWICK, PATRICIA	
STREET ADDRESS	9999 COLLINS AVE., APT 14J	
CITY-ST-ZIP	BAL HARBOR FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1351 SW 141st AV BLDG G APT 301
1.4 CITY-ST-ZIP	PENNEROCKE PINES FL 33027
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2006 S OCEAN BLVD APT 6 E
2.4 CITY-ST-ZIP	BOCA RATON FL 33432
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1351 SW 141st AV BLDG G APT 301
4.4 CITY-ST-ZIP	PENNEROCKE PINES FL 33027
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Albert J Amoroso CPA 2-21-96 954 989 4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #
ALBERT J AMOROSO CPA

CR2E034 (12/95)