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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

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

Principal Place of Business: 8583 SIMMS ST HOLLYWOOD FL 33021-3103 US
Mailing Address: 3583 SIMMS ST HOLLYWOOD FL 33021-3103 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/20/1961	02/27/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-0954370	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
21		26		6. Election Campaign Financing Trust Fund Contribution	
22		27		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLLOWICK, I J
1351 SW 141 STREET AVENUE
APT. 308
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name: EDWARD E LEVINSON
82 Street Address (P.O. Box Number is Not Acceptable): 467 LINCOLN RD
83 FINANCIAL FEDERAL BUILDING PENITENTIARY SOUTHEAST
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: *Edward E Levinson* DATE: 7/31/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLLOWICK, ISIDORE	
STREET ADDRESS	1351 SW 141ST AVENUE BLDG G APT 301	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TESHER, ROBERT	
STREET ADDRESS	200 S OCEAN BLVD APT 6E	
CITY-ST-ZIP	BOCA RATON 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	1351 SW 141ST AVENUE APT 301	
CITY-ST-ZIP	PEMBROKE PINES 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002263881--0
2.3 STREET ADDRESS	-08/11/97--01165--023
2.4 CITY-ST-ZIP	****165.00 ****165.00
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	
4.4 CITY-ST-ZIP	
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	

7/15/97

14. I do 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.

SIGNATURE: *Patricia Wollowick*

7/15/97

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LAW OFFICES

EDWARD E. LEVINSON, P.A.
PENTHOUSE SOUTHEAST
407 LINCOLN ROAD
MIAMI BEACH, FLORIDA 33139

TELEPHONE 534-6171
AREA CODE 305
TELEX 708618 WCLMIA LD
TELEFAX 538-5504

July 17, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: M.G.P., Inc. and Universal Enterprises, Inc.

Dear Sir or Madam:

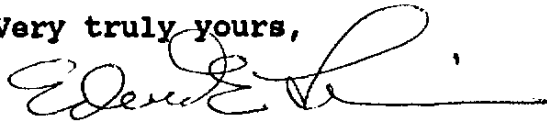
In connection with the above two corporation, I spoke with someone in the Annual Reports Section and advised them that we filed the Annual Reports for 1997 on the above two corporations, but somehow they were either misplaced or never received nor were they ever returned to me. I am enclosing herewith copies of the Annual Reports, together with copies of the checks that were sent with them in March, 1997, but were never cashed.

I was advised that we should refile these Annual Reports, and in connection therewith, I am enclosing herewith the Annual Reports for M.G.P., Inc. and Universal Enterprises, Inc.; together with two of my client's checks made payable to the Department of State each in the amount of \$165.00. I would appreciate you refiling these Annual Reports for the year 1997.

If you have any questions, please call me.

Your cooperation in this matter is greatly appreciated.

Very truly yours,



EDWARD E. LEVINSON

EEL/dlm
Enclosures
cc: Mrs. Patricia Wollowick
Albert F. Amoroso, C.P.A.
(Both with copies of enclosures)
clients\wollowic\anrept.ltr