FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:52

DOCUMENT # 611545 (5)

1. Corporation Name
MGD, INC.

Principal Place of Business	Mailing Address
1851 W INDIANTOWN RD STE 102 JUPITER FL 33458 US	1851 W INDIANTOWN RD STE 102 JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1979
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1884811 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

OLMSTEAD, LOWELL E JR
3231 TIDEGATE CIRCLE
#106
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: KINGCADE, THOMAS E., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 209 South Olive Avenue,
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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: Thomas E. Kingcade 5/19/95
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	PSD
NAME	OLMSTEAD, LOWELL E., JR
STREET ADDRESS	17165 WATERBEND DR. #106
CITY-ST-ZIP	JUPITER FL
TITLE	V
NAME	SATO, TOSHIO
STREET ADDRESS	144 AOBADAI 3 CHOME
CITY-ST-ZIP	TOKYO JAPAN
TITLE	TC
NAME	MIZUNO, TADA TOSHI
STREET ADDRESS	144 AOBADAI 3 CHOME
CITY-ST-ZIP	TOKYO JAPAN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	☒ Change ☐ Addition
1 2 NAME	DeSaro, Robert C.	
1 3 STREET ADDRESS	1851 W. Indiantown Rd., Ste 102	
1 4 CITY-ST-ZIP	Jupiter, FL 33458	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE	T-S	☒ Change ☐ Addition
3 2 NAME	DeSaro, Alyce	
3 3 STREET ADDRESS	1851 W. Indiantown Rd., Ste 102	
3 4 CITY-ST-ZIP	Jupiter, FL 33458	
4 1 TITLE	C/D	☐ Change ☒ Addition
4 2 NAME	Mizuno, Hiroyoshi	
4 3 STREET ADDRESS	1851 W. Indiantown Rd., Ste 102	
4 4 CITY-ST-ZIP	Jupiter, FL 33458	
5 1 TITLE	D	☐ Change ☒ Addition
5 2 NAME	Togari, Yoshiaki	
5 3 STREET ADDRESS	1851 W. Indiantown Rd.,	
5 4 CITY-ST-ZIP	Jupiter, FL 33458	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

REMITTED PAY MAY 1

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: Robert C. DeSaro 4/17/95 (407)575-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0268819 CP