


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # K99173 (2)
 1. Corporation Name
MG LAND CORPORATION TWO



Principal Place of Business 499 STATE RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	Mailing Address 499 STATE RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1989	
21 499 N. ST. RD. 434	Suite, Apt. #, etc. SUITE 2179	26 499 N. ST. RD. 434	Suite, Apt. #, etc. SUITE 2179	4. FEI Number 59-2965874	Applied For Not Applicable
22 ALTAMONTE SPRINGS, FL	City & State	27 ALTAMONTE SPRINGS, FL	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 32714	Zip	28 32714	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32714	Country US	29 32714	Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLINGSWORTH, GEORGE R, II 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714				81 Name HOLLINGSWORTH, GEORGE R, II
				82 Street Address (P.O. Box Number is Not Acceptable) 499 N. ST. RD. 434,
				83 SUITE 2179
				84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, B. J. 499 STATE RD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARNER, JOHN MICHAEL 499 STATE RD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLLINGSWORTH, GEORGE R II 499 STATE RD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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.

SIGNATURE: _____, **GEORGE R. HOLLINGSWORTH, II** 1/28/98 (407) 862-9560

CR2E034 (10/97)