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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$18953

(7)

M.G.M. DESIGN, INC.

Mailing Address

Principal Place of Business 417 NE 3RD AVENUE FT. LAUDERDALE FL 33301

417 NE 3RD AVENUE FT. LAUDERDALE FL 33301

## FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified 12/03/1990	111100				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		1 1.	Applied For		
	ice of busilless	<del> </del> -				65-0235214			Vot Applicable		
21 Suite, Apt, #	i ole	Suite, Apt. #, etc.				03 02332 14			Additional		
22		27			5. Certificate of Status Desired		+	Required			
City & State		City & State _	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
Zìp	Country	Zip	₁ ' <del>  </del> '			8. This corporation owes or has paid					
24	25 29 30				Personal Property Tax due June 30. L Yes 🛕 No						
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered A	gent			
PIPTA, GARY R.					81 Name						
777 S. FED HWY PH #4					82 Street Address (P.O. Box Number Is Not Acceptable)						
FT. LAUDERDALE FL 33301											
ı				83							
			- 1	84	,		FL	1 1 '	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											
***	ignature, typed or printed name of registered ager	11		1 Ager	nt signature require		DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE					
TITLE	PST CARY R	☐ DELETE	1,1 711				I	Change	LI MODILION		
NAME	PIPTA, GARY R.		1.2 NA	ME							
STREET ADDRESS			1,3 ST	REET	ADDRESS						
CITY - ST - ZIP				TY - ST	T-ZIP						
TITLE	D DELETE 2.11			ΓLE				Change	∐ Addition		
NAME			2.2 NA	ME							
STREET ADDRESS	777 S FED. HWY., PH#4		2.3 ST	2.3 STREET ADDRESS					-		
CITY - ST - ZIP	POMPANO BCH. FL			TY-S	ST-ZIP						
TITLE	DELETE			TLE .				Change	Addition		
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 ST	REET	ADDRESS				.		
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP				i		
TITLE		☐ DELETE	4.1 111					Change	Addition		
NAME			4. 2 NA	AME							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CIT	ry-st	T- ZIP						
TITLE		DELETE	5.1 TIT					Change	Addition		
NAME			5.2 NA	MĘ							
STREET ADDRESS			5.3 STI	REET	ADDRESS						
CITY-ST-ZIP	5.4 CT			Y-ST	T-ZIP				1		
TITLE	DELETE 6.1 TI							Change	Addition		
NAME			6.2 NA	ME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CIT						1		
14. I hereby ce	ertify that the information supplied wi	th this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I fu	rther cer	tify that th	e information		

4. 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 chapter 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 chapter 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 chapter 607.

CICMATURE.

my Light

1/15/98

954 527 9968