PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(6)

MG DEVELOPMENT CORP.

6585 MANATEE AVE W	6585 MANATEE AVE
Principal Place of Business	Mailing Address



BRADENTON F	L 34209	US BRADENION FL 34209			
US		us		3. Date Incorporated or Qualified 09/15/1992	3a. Date of Last Report 06/16/1995
Dischard Diag	o of Punings	2a. Maing Address		4. FEI Number	Applied For
Principal Plac	e or Business	26		65-0379178	Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Julio, Mar. III.	O.C.	27			Fee Required
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
,	, , , , , , , , , , , , , , , , , , , ,	28	·	8. This corporation has liability for	
Zip	Country	Ziρ	Country	Florida Statutes Yes	No
	25	29	30	10. Name and Address of New F	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name		
	ADV O		1 1	the Agostol	ilo)
GRAY, M			82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ne,
	NATEE AVE W		83		
RHADEN	TON FL 94205				last 7:o Codo
			84 City		FL 85 342.09
IGNATURE .	agrative typed or printed have of region sectors		te Registeren Agent sig af rom	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
2.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/OF PARCES TO CO.	Change Addition
TLE	GRAY, MARK S	[] Detter	12 NAME		•
AME	6585 MANATEE AVE W		13 STREET ADDRESS	_	- : -
FREET ADDRESS	BRADENTON FL		14 CHY - ST - ZIP	20000	34504
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1.1.6	T	[DELETE	6 1 TIT: E		

64 CHY ST-ZIP 14. If 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 supplied entital annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 changes or only nattachment with an address

SIGNATURE:

TITLE NAME STREET ADDRESS

WILL LE LAND MAKES FOR ANY INSTRUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 941-761-8800