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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 336056

1. Corporation Nam

MGL, INC.

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Principal Place of Business Mailing Address						1 108101 (1100 1(110 1		IO DIN BIBN D		ISI BIDIK DIBSI KBDI	
4821 N. DIXIE HWY. 48 BOCA RATON FL 33429-8137 B6		4821 N. DIXIE HWY. BOCA RATON FL 33431 US	BOCA RATON FL 33431					E IN THIS	SPACE	·	
					3	Date Incorporated or	Qualifed			ļ	
						10/07/1968					
<del></del> , ·	Place of Business	2a. Mailing Address			4	. FEI Number				Applied For .	
21	,	26		<del></del>		<u>59-1225145</u>				Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifcate of Status D	esired		• -	Additional Required	
City & Stat	te	City & State			6	. Election Campaign F	inancing		\$5.0	<b>0</b> мау Ве	
23		28				Trust Fund Contribut	on		Adde	d to Fees	
Zip	Country 25	Zip 30	Country	<i>'</i>	8	This corporation owe Personal Property Ta		nt year Inta	angible ∐Yes	□No	
	9. Name and Address of Currer	nt Registered Agent			10	). Name and Address	of New R	egistered /	Agent		
NICH	KLIN GEORGE K		81	Name							
NICKLIN, GEORGE K 340 NW 19TH ST. 208				Street	Address (	Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL				<del> </del>							
3343	32		-	011					11	0.15	
			84	City				FL	85   Zi	p Code	
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was auth	orized by	the corpo							
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office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was auth ations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS	orized by a Statutes	the corpo	oration's b	ooard of directors. I hen	eby accept	the appoir	tment as	registered TORS IN 12	
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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, with all ether like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND THE DOPPRINTED WARE OF SHARING OFFICER OR DIRECTOR

561 391 2483 Daytime Phone #

☐ Change

☐ Addition

CR2E034 (11/98)