

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

150.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **582014** (7)  
1. Corporation Name  
**M.G.M. TRANSPORT CORP.**



Principal Place of Business <b>1550 N.E. MIAMI GARDENS DRIVE SUITE 305 N. MIAMI BEACH FL 33179</b>	Mailing Address <b>1550 N.E. MIAMI GARDENS DRIVE SUITE 305 N. MIAMI BEACH FL 33179</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1978</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>22-1537992</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROSEN, GENE S. 1550 N.E. MIAMI GARDENS DR. SUITE 305 N. MIAMI BEACH FL 33179</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	Zip Code
		FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MASSOOD, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>70 MALTESE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOTOWA, N J 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD MASSOOD, MICHAEL</b>	2.2 NAME	<b>Massood, Michael</b>
STREET ADDRESS	<b>70 MALTESE DR</b>	2.3 STREET ADDRESS	<b>70 Maltese Drive</b>
CITY-ST-ZIP	<b>TOTOWA, N J 00000</b>	2.4 CITY-ST-ZIP	<b>Totowa, NJ 07511</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV MASSOOD, GEROGE</b>	3.2 NAME	<b>Massood, George</b>
STREET ADDRESS	<b>70 MALTESE DR</b>	3.3 STREET ADDRESS	<b>70 Maltese Drive</b>
CITY-ST-ZIP	<b>TOTOWA, N J 00000</b>	3.4 CITY-ST-ZIP	<b>Totowa, NJ 07511</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MASSOOD, JOSEPH</b>	4.2 NAME	<b>Massood, Edward</b>
STREET ADDRESS	<b>70 MALTESE DR</b>	4.3 STREET ADDRESS	<b>1264 Jackson Lake Road</b>
CITY-ST-ZIP	<b>TOTOWA NJ</b>	4.4 CITY-ST-ZIP	<b>High Point, NC 27263</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>V/S Massood, Louis</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>70 Maltese Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Totowa, NJ 07511</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>V Weilheimer, Gary</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1264 Jackson Lake Road</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>High Point, NC 27263</b>

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 \_\_\_\_\_

CR2E034 (10/97)