FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H06793 (4)

1. Corporation Name
M & G COMMERCIAL PROPERTIES, INC.

Principal Place of Business
% MICHAEL CASTRILLI
139 LAKE SILVER DRIVE. N.W.
WINTER HAVEN FL 33881

Mailing Address
% MICHAEL CASTRILLI
139 LAKE SILVER DRIVE. N.W.
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 06/06/1984
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21 2419 LAKE Winterset RD
Suite, Apt. #, etc.
22
City & State
23
Zip
24 33884
Country
25

2a. Mailing Address
26 2419 LAKE Winterset RD.
Suite, Apt. #, etc.
27
City & State
28
Zip
29 33884
Country
30

4. FEI Number: 59-2430557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CASTRILLI, MICHAEL
~~139 LAKE SILVER DRIVE, N.W.~~ 2419 LAKE Winterset RD
WINTER HAVEN FL 33881 33884

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CASTRILLI, MICHAEL	
STREET ADDRESS	139 LAKE SILVER DRIVE,NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DST	☐ DELETE
NAME	CASTRILLI, GERALDINE	
STREET ADDRESS	139 LAKE SILVER DRIVE,NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2419 LAKE Winterset RD	
1.4 CITY-ST-ZIP	33884	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2419 LAKE Winterset RD	
2.4 CITY-ST-ZIP	33884	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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: Michael Castrilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Castrilli

2-8-96
Date

(941) 326-1185
Daytime Phone #

CR2E034 (12/95)