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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H55493** **(1)**

1. Corporation Name

MPAL-1, INC.

Principal Place of Business	Mailing Address
1920 PALM BEACH LAKES BLVD. SUITE 202 WEST PALM BEACH FL 33409	1920 PALM BEACH LAKES BLVD. SUITE 202 WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: **05/01/1985**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business
21 **5841 Corporate Way**
Suite, Apt. #, etc.
22 **Suite 100**
City & State
23 **West Palm Beach, FL**
Zip 24 **33407** Country 25 **Palm Beach**

2a. Mailing Address
26 **5841 Corporate Way**
Suite, Apt. #, etc.
27 **Suite 100**
City & State
28 **West Palm Beach, FL**
Zip 29 **33407** Country 30 **Palm Beach**

4. FEI Number: **59-2561399** ☐ 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

WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **5841 Corporate Way**
83 **Suite 100**
84 City **m West Palm Beach,** **FL** 85 Zip Code **33407**

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 _____
Signature, typed or printed name of registered agent and title, if any. (NOTE: Registered Agent Signature required when changing agent.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, N. GRIFFIN		1.2 NAME		
STREET ADDRESS	1920 PALM BEACH LAKES BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33409		1.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALDRON, THOMAS S.		2.2 NAME		
STREET ADDRESS	1920 PALM BCH LAKES BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: _____ 4-25-96 407-689-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
N. Griffin Wilson, Pres.