## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H60255

(7)

1.	Corporation Name					9
	Δ	3.1	N	R	VC.	

MGJN,	INO.					
Principal Place	e of Business	Mailing Address			TIN BIBN ANNI BIBN BIBN BEBN ANNI 1881	
9641 LANCASTER 9641 LANCA BOCA RATON FL 33434 BOCA RATO			4			
				3. Date incorporated or Qualified 06/04/1985	3a. Date of Last Report 05/01/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		74-2368376	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
4	25	29	30		□No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
NIGRO,			82 Street Add	ess (P.O. Box Number is Not Acceptab	le)	
	INCASTER		B3			
BOCA R	ATON 33434					
			84 City		FL 85 Zip Code	
familiar w SIGNATURE	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statute	S. OTE: Registered Agent signature require		DATE	
12.	OFFICERS A	ND DIFFECTORS	13.	ADDITIONS/CHANGES TO OFF		
TIT: F	P	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition	
NAME	NIGRO,GEORGE		1.2 NAME			
STREET ADDRESS	9641 LANCASTER PL		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	□ DELETE	1.4 CITY - ST - ZIP		Change Addition	
TITLE	VP ITANINE	בן סנונוג	2 1 TITLE 2 2 NAME		C outside C care	
NAMÉ	NIGRO, JEANNE 9641 LANCASTER PL		2 3 STREET ADDRESS			
STREET ACCRESS	BOCA RATON FL		2 4 CITY - ST - ZIP			
1):LE	S	DELETE	3 1 TITLE		Change Addition	
NAME	NIGRO, GEORGE	_	32 NAME			
STREET ADDRESS	9641 LANCASTER		3.3 STREET ADDIRESS			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY- ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME			
STHEET ADDRESS			4.3 STREET ADDRESS			
CITY S1-ZIP		TO DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition	
THILE		DELETE	5 1 TITLE 5 2 NAME			
NAME COURT ADDRESS			5.3 STREET ADDRESS			
STREET ADDRESS			54 CHTY - ST - ZIP			
CITY - \$1 - ZIP TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C-TY-ST-ZIP			6.4 City-SI-ZiP			
oath: tha	eby certify that the information supplie at the information indicated on this ar at Lam an officer or director of the cor in Block 12 or Block 13 if changed, c	noration of the receiver of Fusi	fee authometen to execute ii	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	.บ/(ม)(ห), Horioa Statutes. I turther same legal effect as if made under lorida Statutes; and that my name	

SIGNATURE: George Nigro

(407) 487-5158