FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H91838 (3)

1. Corporation Name
MIAMI CASTLE MGPC, INC.

500001517325
-06/20/95--01047--025
***1200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7775 NW 8TH STREET 7301 TOPANGA CANYON BLVD. #300 MIAMI FL 33126 US	% THE PRENTICE HALL CORPORATION SYSTEM INC 7301 TOPANGA CANYON BLVD. #300 CANOGA PARK CA 91303

3. Date Incorporated or Qualified: 12/27/1985
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26 5895 WINDWARD PARKWAY
Suite, Apt. #, etc.
27 SUITE 220
City & State
28 ALPHARETTA, GA
Zip 29 30202-4182 Country 30 USA

4. FEI Number: 58-1746624 ☐ 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. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD ☒ Change ☐ Add
NAME	YOUNG, IRA L	1.2 NAME	L SCOTT DEMERAU
STREET ADDRESS	7301 TOPANGA CANYON #300	1.3 STREET ADDRESS	5895 WINDWARD PKWY, ST 220
CITY-ST-ZIP	CANOGA PARK CA	1.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	D	2.1 TITLE	VD ☒ Change ☐ Add
NAME	WARR, BILLY	2.2 NAME	JULIA E DEMERAU
STREET ADDRESS	7775 N.W. 8TH ST.	2.3 STREET ADDRESS	5895 WINDWARD PKWY, ST 220
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	P	3.1 TITLE	VT ☒ Change ☐ Add
NAME	FRADES, ALEX	3.2 NAME	JOHN P HEGMAN
STREET ADDRESS	7775 N.W. 8TH ST.	3.3 STREET ADDRESS	5895 WINDWARD PKWY, ST 220
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	STD	4.1 TITLE	VS ☒ Change ☐ Add
NAME	PATTERSON, WILLIAM	4.2 NAME	BETTY M HENDERSON
STREET ADDRESS	7301 TOPANGA CANYON #300	4.3 STREET ADDRESS	5895 WINDWARD PKWY, ST 220
CITY-ST-ZIP	CANOGP PARK CA	4.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		5.1 TITLE	M ☐ Change ☒ Add
NAME		5.2 NAME	ANN C TRAVIS
STREET ADDRESS		5.3 STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 27
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		6.1 TITLE	M ☐ Change ☒ Add
NAME		6.2 NAME	DENNIS C GILBERT
STREET ADDRESS		6.3 STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption specified 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.

REMITTED $225.00

SIGNATURE: Ann C. Travis Ann C. Travis 6/1/95 404-442-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #