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

APPROVED AND FILED
96 MAY 31 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001840033
-05/31/96--01071--015
****225.00 ****225.00

DOCUMENT # H91838

1. Corporation Name
Miami Castle MGPC, INC.

Principal Place of Business
7775NW 8th Street
Miami, Fl 33126

Mailing Address
5895 Windward Prkwy #220
Alpharetta, GA. 30202

2. Principal Place of Business
21 7775 NW 8thStreet
Suite, Apt. #, etc
22
City & State
23 Miami, FL
Zip
24 33126
Country
25 USA

2a. Mailing Address
26 5895 Windward Prkwy
Suite, Apt. #, etc
27 220
City & State
28 Alpharetta GA
Zip
29 30202
Country
30 USA

3. Date Incorporated or Qualified: 12/27/85
3a. Date of Last Report: 1995
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. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
The Prentice Hall Corp
1201 Hayes Steet
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 ____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. Scott Demerau Pres. 5895 Windward Prkwy Alpharetta, GA 30202	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres. AnnC. Travis 5895 Windward Prkwy	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betty M. Henderson Sec 5895 Windward Prkwy Alpharetta, GA 30202	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Julie Demerau 5895 Windward Prkwy ~~Alpharetta, GA 30202~~	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DCFO Greg Waters 5895 Windward Prkwy Alpharetta, GA. 30202	[ ] Change [X] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

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: Ann Travis Ann Travis Tres. ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)