

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J79892 (2)

1. Corporation Name  
M.G.M. ILLUSTRATION & DESIGN, INC.

Principal Place of Business  
417 NE 3RD AVENUE  
FT. LAUDERDALE FL 33301

Mailing Address  
417 NE 3RD AVENUE  
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2831601	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOSSER, MICHELLE G.  
417 NE 3RD AVENUE  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	DPS	<input type="checkbox"/> DELETE
	NAME	MOSSER, MICHELLE G.	
	STREET ADDRESS	1017 S.E. 9TH STREET	
	CITY-ST-ZIP	FT. LAUDERDALE FL	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 a new address.

SIGNATURE:

*Michelle G. Mosser*

3/28/98

954-527-9968

CR2E034 (10/97)