


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION, ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K45571 (2)					
1. Corporation Name MGM CUSTOM DESIGNS, INC.					
Principal Place of Business 1501 XXXX XXXX XXXX 800A RAYON FL 33445			Mailing Address 1505 H. Spring Hbr Dr. DELRAY BEACH FL 33445		
2. Principal Place of Business 21 MGM CUSTOM DESIGN INC Suite, Apt. #, etc. 22 City & State 23 Delray Bch Fla. 33445 Zip 24 Country 25			2a. Mailing Address 26 1505 H. Spring Hbr Dr. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
9. Name and Address of Current Registered Agent ACCOUNTING SERVICE OF FLORIDA 1810 S.E. 9TH STREET DELRAY BEACH FL 33445					
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 <i>Marilyn Mozdean</i> (NOTE: Registered Agent signature required when reinstating) 11-14-97 (DATE)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MOZDEAN, JOHN C.				
STREET ADDRESS	1505 H SPRING HARBOR DR.				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	MOZDEAN, MARILYN G.				
STREET ADDRESS	1505 H SPRING HARBOR DR				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MOZDEAN, MARILYN G.				
STREET ADDRESS	1505-H SPRING HARBOR DR.				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
14. I do 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 an address					

FILED

97 NOV 20 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 03/04/1996
4. FEI Number 65-0080759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81 Name	MARILYN MOZDEAN
82 Street Address (P.O. Box Number is Not Acceptable)	1505 H. Spring Harbour Dr. #H
83	
84 City	Delray Beach
85 Zip Code	FL 33445

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

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******165.00 ****165.00**

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Aug 18, 1997

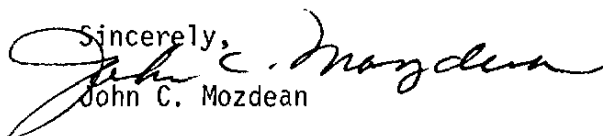
Annual Reports Filings,
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

REF: Annual Report

I changed my business address to 1505 H. Spring Harbor Drive,
and I never received the first report.

I have changed the address accordingly on the report and am
sending it in with a check for \$165.00.

The Post Office said they have nothing at their office that
was returned so I don't know what happened to the first one.

Sincerely,

John C. Mozdean