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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

K93527

(5)

M & G PROPERTIES, INC.						
Principal Place	of Business	Mailing Address		I DEGLETIO DIN URAND SILAT BOLLO CINC		
% DANIEL P. GANLEY, JR. % DANIEL P. C 3 BOUGAINVILLEA 3 BOUGAINVILL KEY WEST FL 30040 KEY WEST FL		A				
KEI WEGI	rt 53070	NET WEST IE S		3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Re 05/18/19	
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number 65-0125806		opplied For
21 Cuita Ant	H ata	26		00-0120000		lot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	1 1	Additional Required
Crty & State		City & State		6. Election Campaign Financing	 	May Be
23		28		Trust Fund Contribution	1 1	to Fees
<i>Z</i> ıp	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes Yes		199.032,
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
			81 Name			
	EY, DANIEL P., JR IGAINVILLEA		82 Street Addr	ress (P.O. Box Number is Not Acceptable	е)	
	/EST FL 33040		83		*************	
			84 City		85 Zip	Code
					FL	
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Florida th, and accept the obligations of, Section	 a. Such change was auth 	orized by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	cose of changing its re intrient as registered	egistered office agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		(NOTE: Rugistered Agont agnature require 13.	ad when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	BS IN 12
TITLE	PST	DELETE	1. 1 TIDLE	ADDITIONS/OFFANGES TO OFFI	Change	RS IN 12
NAME	GANLEY, DANIEL P., JR		1.2 NAME		<u>-</u>	_
STREET ADDRESS	3 BOUGAINVILLEA		1.3 STREET ADDRESS			
CITY - ST - ZiP	KEY WEST FL		1.4 CITY-ST-ZIP			[
TrTLE	D	DELETE	2. 1 TITLE		Change	Addition C
NAME	GANLEY, JANE M.		2.2 NAME			
STREET ADDRESS	3 BOUGAINVILLEA		2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL		2 4 CITY - ST - ZIP			
TITLE	VD	☐ DELETE	3. 1 TITLE		☐ Change	☐ Addition
NAME	MATTHEWS, HENRY J.		3 2 NAME			
STREET ADDRESS	819 MAIN STREET		3.3 STREET ADDRESS			
CITY-ST-7IP	HANOVER MA		3.4 CITY-ST-ZIP			
TITLE		DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Finantia	4.4 CITY-ST-ZIP			
TITLE		☐ DELÉTE	5 1 TITLE		☐ Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		l'=1 nei etc	5.4 DITY-ST-ZIP		Change	Addition
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADORESS			63 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		64 CITY - ST - ZIP			

14. Ido 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 cath; 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:

2 ANIEL F. GANLEY JE

SIGNATURE APPLIANCE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Proce