

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

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K93767 (7)

1. Corporation Name  
MGIS, INC.



Principal Place of Business

C/O BARRY D. ZARETZKY  
6213 PRESIDENTIAL COURT, SUITE E  
FT. MYERS FL 33919

Mailing Address

C/O BARRY D. ZARETZKY  
6213 PRESIDENTIAL COURT, SUITE E  
FT. MYERS FL 33919-3552

3. Date Incorporated or Qualified 06/08/1989  
3a. Date of Last Report 02/13/1996

2. Principal Place of Business

21 300 S WILLARD STREET  
Suite, Apt. #, etc

2a. Mailing Address

26 300 S WILLARD ST  
Suite, Apt. #, etc

4. FEI Number  
65-0124808

Applied For  
Not Applicable

22 STE 103

27 STE 103

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 COTTONWOOD A2  
City & State

28 COTTONWOOD A2  
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 86326  
Zip Country

29 86326  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZARETZKY, BARRY D.  
6213 PRESIDENTIAL COURT, SUITE E  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name William N Horowitz  
82 Street Address (P.O. Box Number is Not Acceptable) 1715 MONROE STREET  
83  
84 City FORT MYERS FL 85 Zip Code 33901

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 *William N. Horowitz*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 02.11.97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ZARETZKY, BARRY D.  
STREET ADDRESS 6213 PRESIDENTIAL CT #E  
CITY-ST-ZIP FT.MYERS FL ☐ DELETE

TITLE D  
NAME ZARETZKY, NANCY K.  
STREET ADDRESS 6213 PRESIDENTIAL CT #E  
CITY-ST-ZIP FT.MYERS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 300 S WILLARD ST STE 108  
1.4 CITY-ST-ZIP COTTONWOOD A2 86326 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 300 S WILLARD ST STE 108  
2.4 CITY-ST-ZIP COTTONWOOD A2 86326 ☒ 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 ☐ Change ☐ 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 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.

SIGNATURE *Barry D. Zaretsky* 2-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0402831

CR2E034 (9/96)