

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000042579 (1)

1. Corporation Name

MCGILL GROUP, INC.

Principal Place of Business

Mailing Address

**1450 NEW POINT COMFORT ROAD
ENGLEWOOD FL 34223**

**1450 NEW POINT COMFORT ROAD
ENGLEWOOD FL 34223-4809**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 06/24/1996
4. FEI Number 65-0419690		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent BARCO, CARROLL S 6220 SOUTH ORANGE BLOSSOM TR. SUITE 194 ORLANDO FL			
9. 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		10. Name and Address of New Registered Agent FL			

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCGRILL, SHERRY	1.2 NAME	
STREET ADDRESS	1450 NEW POINT COMFORT ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MCGILL, WILLIAM F	2.2 NAME	
STREET ADDRESS	1450 NEW POINT COMFORT ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	MCGILL, HEATHER	3.2 NAME	
STREET ADDRESS	1450 NEW POINT COMFORT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	MCGILL, CHARLES	4.2 NAME	
STREET ADDRESS	1450 NEW POINT COMFORT ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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.

SIGNATURE:

C. M. A. TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-97

(941) 475-6172

CR2E034 (9/96)