SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P93000055406
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MG STRAVIS, INC. Mailing Address Principal Place of Business P.O. BOX 2644 P.O. BOX 2644 HOLLYWOOD FL 33022 HOLLYWOOD FL 33022 3a Date of Last Report Date Incorporated or Qualified 05/23/1995 08/06/1993 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 65-0430906 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible J $Z_{\rm IP}$ Zip Yes V No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GALIPEAU, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6671 DOUGLAS ST. 82 HOLLYWOOD FL 33024 83 Zip Code 85 City 84 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. Lam familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and lice if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96 (3 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE TITLE CR2E034 1.2 NAM NAME GALIPEAU, MICHAEL 13 STREET ADDRESS P.O. BOX 2644 STREET ADDRESS 1.4 CITY - ST - ZIP HOLLYWOOD FL 33022 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TiTLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. If do 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)(x). 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 reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address. CITY - ST - ZIP

SIGNATURE:

OR DIRECTOR SIGNATURE AND TYPED O

8/6/96 (964) 6875