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Apr 17 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 # P93000062683 (6)

1. Corporation Name
PMG CENTER, INC.



Principal Place of Business
6245 N FEDERAL HWY.
5TH FLOOR
FT. LAUDERDALE FL 33308- R
US

Mailing Address
6245 N FEDERAL HWY.
5TH FLOOR
FT. LAUDERDALE FL 33308-1915
US

3. Date Incorporated or Qualified 09/02/1993
3a. Date of Last Report 04/04/1996

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25 29 30

4. FEI Number 65-0436962
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No

9. Name and Address of Current Registered Agent
WARNER, STEVEN J. P
6245 N FEDERAL HWY - 5TH FLOOR
SUITE 508
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name PMG PROPERTY MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 1109 N. FEDERAL HWY
83
84 City FT. LAUDERDALE FL 85 Zip Code 33304

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 MICHAEL GROWN, PRESIDENT
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with reinstating)
4-11-97 DATE

12. OFFICERS AND DIRECTORS
D GAYDA, PETER M
3261 NE 56 CT
FT LAUDERDALE FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)