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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCCUMENT # PP3000088508 (5)

MCG DIVERSIFIED, INC.

FILED										
May 28	1997	8:00am								
Secreta	ary of	State								

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Principal Plac	e of Business	Mailing Ad	dress						
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57.12	86. 61. 28%	0/				3. Date Incorporated or Qualified	3a. Date of L	ast Report	
	~/					12/29/1993	0800	476	_]
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	_	Applied For	_
21		26				59-321774		Not Applicab	le.
Suite, Apt.	#, etc.	<b>├</b> ──¬	pt #, etc.			5. Certificate of Status Desired		75 Additional	
22		27						e Required	_
City & Stat	ie	City & S	State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		ded to Fees	_
Zip	Country	Zip	<u> </u>	Country	У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		0		Florida Statutes  10. Name and Address of New Re	Yes No		4
	9. Name and Address of 0		Jetii	81	Name	To. Name and Address of New Re	istered Agent		$\dashv$
How	reican Ba	AUSTER C	and	Ľ.	TVaino				
	· and	2		82	Street A	ddress (P.O. Box Number is Not Acceptab	e)	-	
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ر دھیسو	I PGH 150 PO 264 P BENCH G	PROEK	1 23	84	City		85	Zip Code	7
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office or r	regi <b>ste</b> red agent, or both, in the	State of Florida, Such	change was aut	lhorized b	y the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	urpose oi changi t the appointmer	ng its registerei it as registered	a
agent. I a	im familiar with, and accept the	obligations of Section	607.0505, Florid	da Statute	S.	·		-	- (
SIGNATURE									-
12,	Signature: typod or printed name of regist	ered agent and tide it applicable RS AND DIRECTORS	e (NOTE )	13.	ent signature re	eculred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIDEC	TORS IN 12	$\dashv_{\varepsilon}$
TITLE	orrice)	13 AND DIRECTORS	DELETE	1.1 HTLE		ADDITIONS/OTANGES TO OTTE	Cha		[96/6) ∑
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NAME				62 NAME	T AGENDAGE			C/2X	
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CITY-ST-ZIP	by carlify that the information of	unnlied with this filing	does not qualify	for the ex		ated in Section 119.07(3)(i). Florida Statutes	I further certify	that the	
informatic	by Certaly trial trib Hilloritation is	appried with this filling to	acconnect is fru	Candace	uralo and t	that my signature shall have the same loga	offect as if made	o under eath: th	المد

4. 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 be information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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:

BIGHATURE AND TYPE O OR PRINTED NAME OF BIGHING OFFICER OR DIRECT

5-23-97

911-816-211/ Daytine Phone #