

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 18 AM 8:12

DOCUMENT # P94000019735 (7)

1. Corporation Name
FMG, INC.

Principal Place of Business
**7000 W. PALMETTO PARK RD.
 SUITE 402
 BOCA RATON FL 33433**

Mailing Address
**7000 W. PALMETTO PARK RD.
 SUITE 402
 BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report
4. FEI Number 65-0571607	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
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc. 21157 ORMOND COURT	Suite, Apt. #, etc. 21157 ORMOND COURT
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33433	Zip 33433
Country FL	Country FL

9. Name and Address of Current Registered Agent
~~NELSON, STANLEY~~ **MARTIN GOLDBERG**
7000 W. PALMETTO PARK RD.
SUITE 402
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name MARTIN GOLDBERG
82 Street Address (P.O. Box Number is Not Acceptable) 21157 ORMOND COURT
83
84 City BOCA RATON
85 Zip Code FL 33433

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]*
 Signature, typed or printed name of registered agent and (if it applies)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE D	
NAME NELSON, STANLEY	
STREET ADDRESS 7000 W. PALMETTO PARK RD., #402	
CITY - ST - ZIP BOCA RATON FL 33433	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P.D.	☒ Change ☒ Addition
1.2 NAME MARTIN GOLDBERG	
1.3 STREET ADDRESS 21157 ORMOND COURT	
1.4 CITY - ST - ZIP BOCA RATON FL 33433	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Name #