

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 PM 3:56

DOCUMENT # P94000030243 (7)

1. Corporation Name
M.G. REPRESENTATIVES, INC.

Principal Place of Business Mailing Address
9311 SW 23 ST #3701 FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report
4. FEI Number 65-0490303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent GREENE, MELVYN I 9311 SW 23 ST #3701 FT LAUDERDALE FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 _____ DATE _____
(Print or type a printed name of registered agent and title of corporation) (NOTE: Registered agent signature required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME PSD GREENE, MELVYN I	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS 9311 SW 23 ST #3701	12 NAME	12 STREET ADDRESS	
13 CITY, ST, ZIP FT LAUDERDALE FL 33324	13 STREET ADDRESS	13 CITY, ST, ZIP	
14 NAME	14 CITY, ST, ZIP	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	15 NAME	15 STREET ADDRESS	
16 CITY, ST, ZIP	16 STREET ADDRESS	16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	17 NAME	17 STREET ADDRESS	
18 STREET ADDRESS	18 STREET ADDRESS	18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 CITY, ST, ZIP	19 CITY, ST, ZIP	19 CITY, ST, ZIP	
20 NAME	20 NAME	20 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	21 STREET ADDRESS	21 CITY, ST, ZIP	
22 CITY, ST, ZIP	22 CITY, ST, ZIP	22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	23 NAME	23 STREET ADDRESS	
24 STREET ADDRESS	24 STREET ADDRESS	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 CITY, ST, ZIP	25 CITY, ST, ZIP	25 CITY, ST, ZIP	
26 NAME	26 NAME	26 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	27 STREET ADDRESS	27 CITY, ST, ZIP	
28 CITY, ST, ZIP	28 CITY, ST, ZIP	28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 NAME	29 NAME	29 STREET ADDRESS	
30 STREET ADDRESS	30 STREET ADDRESS	30 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 CITY, ST, ZIP	31 CITY, ST, ZIP	31 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or subsequent annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I have been duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an addition thereto as shown.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELVYN I. GREENE

1/12/95 305 4744861