

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000046119 (1)**

1. Corporation Name

M.G.P.O., INC.



Principal Place of Business

**3001 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308**

Mailing Address

**3001 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0517783

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASACCI, JOSEPH R
305 SE 18TH CT
FT LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and the date of signature

Signature, typed or printed name of registered agent and the date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, AL	
STREET ADDRESS	3001 E COMMERCIAL BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, SCOTT	
STREET ADDRESS	3001 E COMMERCIAL BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASS, JOHN	
STREET ADDRESS	3001 E COMMERCIAL BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, MARTIN	
STREET ADDRESS	3001 E COMMERCIAL BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature, Printed Name

CR2E034 (12/95)