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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MGM PF	ROPERTIES, INC.					
Principal Plac		Mailing Address	_			
118 S. WESTWHORE BLVD.		118 S. WESTWHORE BLVD. #121		}		
#121 Tampa fl 33609		TAMPA FL 33609-2539				
	_				3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 08/07/1996
2. Principal P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3288195	Applied For Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Soldied of States Section	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		8. This corporation has liability for Florida Statutes	Intangible tarunder s. 199.032, ☐ Yes
<u></u>	9. Name and Address of Current		1001		10. Name and Address of New Re	
MAC	DONALD, MARGARET A	77	81	Name		
	S. WESTWHORE BLVD.		82	Street Addr	ess (P.O. Box Number is Not Accepta	bie)
#12						·
TAM	PA FL 33609		83			
			84	City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 0502 egistered agont, or both, in the State or manifer with, and accept the obligations.	ions of, Section 607.0505, FI	orida Statutes	S.	·	- - 1 1
	Signature, typed or printed name of registered agent			ct signature require	ed when reinstaling)	DATI
12.	OFFICERS AND	DELETE	13.	···	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addit
NAME	MACDONALD, MARGARET A	[] Official	1.2 NAME			CT CHRISE CT YOU
STREET ADDRESS	118 S. WESTWHORE BLVD. #12	21	1.3 STREET	ADDHESS		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-S			
TITLE		DELETE	2.1 1111.6			Change Addit
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP		D Street	2. 4 CITY S	ST - 71P		D 05 D 440
TITLE		☐ DELETE	3111111			Change Addit
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		
CITY-S1-ZIP			3.4. GITY - S			
TITLE		DELETE	4.1 TITLE			Change Addit
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY - S1	1 - 7IP		
TITLE		☐ DELETE	51 TITLE			L Change L Addit
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	·		
CITY-ST-ZIP TITLE		DILETE	5.4 CITY - S	1-289		Change Addit
NAME		C) West	6.2 NAME	İ		La viange La Roon
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZiP			6.4 CHY- S			
14. Ldo hereb	by certify that the information supplied	with this filing does not quali	fy for the exer	mption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the
I am an of	in Indicated on this annual report or su fficer or director of the corporation or t in Block 12 or Block 13 if changed, or c	he receiver of trustee empoy	vered to execu	rate and that ule this report	my signature shar have the same leg- t as required by Chapter 607, Florida S	al effect as it made under oath; t Statutes; and that my name

Apr 16 1997 8:00am

Secretary of State