

# 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 # P95000022457 (2)**

1. Corporation Name

**MGB WESTON, INC.**

Principal Place of Business

**17071 W. DIXIE HWY., SUITE B  
NORTH MIAMI BEACH FL 33160**

Mailing Address

**17071 W. DIXIE HWY., SUITE B  
NORTH MIAMI BEACH FL 33160**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROGOVIN, LAWRENCE H  
17071 W. DIXIE HWY., SUITE B  
NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified

**03/20/1995**

3a. Date of Last Report

4. FEI Number

**65065558**

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**

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **ROGOVIN, LAWRENCE H**  
STREET ADDRESS **17071 W. DIXIE HWY., SUITE B**  
CITY-STATE-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☐ Change ☒ Addition  
1.2 NAME **MARTIN DSHER**  
1.3 STREET ADDRESS **2075 NORTH EAST 164TH STREET**  
1.4 CITY-STATE-ZIP **NORTH MIAMI BEACH, FL 33162**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **000001801790**  
4.4 CITY-STATE-ZIP **-04/30/96--01097--037**  
**\*\*\*200.00**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/96**

Date

**305-944-3212**

Daytime Phone #

CR2E034 (12/95)