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

PROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT 1. Corporation Name	#

P95000022457 (2)

MGB WESTON, INC.



Principal Plac	e of Business	Mailing Address				
	DIXIE HWY SUITE B BMI BEACH FL 33160	17071 W. DIXIE HW NORTH MIAMI BEAC	Y., SUITE B CH FL 33160			
					3. Date Incorporated or Qualified 3a. Date of 03/20/1995	of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suito Ant	4	26			65.0655558	Not Applicable
Suite, Apt.	я, etc.	Suite, Apt. #, etc.			E Codificate of Co. 1. D. 1. 1.	\$8.75 Additional
City & Stat	ρ	27				Fee Required
23		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	T 0		Trust Fund Contribution	Added to Fees
24	25	29	Gountry 30	1	8. This corporation has liability for intangible tax	under s. 199.032,
	9. Name and Address of Cur	rent Registered Agent	130		Ftorida Statutes Yes No	
			81	Name	10. Name and Address of New Registered Ag	gent
ROGOV	IN, LAWRENCE H					
17071 V	W. DIXIE HWY., SUITE B		82	Street	Address (P.O. Box Number is Not Acceptable)	
NORTH	MIAMI BEACH FL 33160		83			
			84	City	FI	85 Zip Code
 Pursuant t or register familiar wit 	to the provisions of Sections 607.05 ed agent, or both, in the State of Fi th, and accept the obligations of, S	502 and 607.1508, Florida Statu lorida. Such change was authori ection 607.0505, Florida Statute	ites, the above i	named o oration's	orporation submits this statement for the purpose of change board of directors. It hereby accept the appointment as re	ging its registered office
SIGNATURE		oonor oor loods, Horida Statute	ъ.			C
	Signature, typed or printed name of registered as	gent and little if applicable. (N	IOTE: Registered Agen	it signature	required when reinstating.' DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	BECTORS IN 12
THILE	D	DELETE	1 1 TITLE		PSD	Change Addition
NAME 2	ROGOVIN, LAWRENCE H		1.2 NAME		las com a Dester	. •
STREET ADDRESS	17071 W. DIXIE HWY., SUI		1.3 STREET	ADDRESS	2045 NONTH EAST 1631" OFKEN	£T
City-S:	NORTH MIAMI BEACH FL	····	1.4 CITY - S	T-ZIP	MORTH MIAMI BEACH, FL 33	162
TITLE		DELETE	2 1 TITLE			Change Addition
NAME			22 NAME			_
STREET ADDRESS			2.3 STREET	address		
CITY-ST-ZIP TITLE			2.4 CITY - S1	1-2IP		
NAME		☐ DELETE	3 1 TITLE			Change
STREET ADDRESS			3 2 NAME			ľ
CITY-ST-ZIP			33 STREET			!
TIDLE		□ DELETE	3.4 CITY- ST	- ZIP		
NAME		☐ DETEIE	4 1 TITLE			Change
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CITY-ST-ZIP			4.3 STREET A		-04/30/9801097027	.
TITLE		☐ DELETE	4.4 CITY- ST	- ZIP	-04/30/9601097037 ***200.00	
NAME			5 1 TITLE			Change
STREET ADDRESS			5 2 NAME	DDDCCC		
CITY-ST-7IP			5 3 STREET A	J		_,
TITLE		☐ DELETE	5.4 CITY - ST	· ZIP		200
NAME		C) occur	6 1 TITLE		([□ °	Addition
STREET ADDRESS			6.2 NAME	DDDCCC	9	1 h
CITY-ST-ZIP			6.3 STREET A	- 1	•	15
	certify that the information or malian		6.4 CITY-ST-	ZIP		J .

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), Fiorida 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 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

305-944-8212