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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046542 (3)

MG WORD PROCESSING, INC.

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



2040 NORTH NEMO DRIVE DELTONA FL 32725			2040 NORTH NEMO DRIVE DELTONA FL 32725-3942						
						3. Date Incorporated or Qualified 06/12/1995	3a. Date of 07/08/1		eport
2. Principal Pla	ce of Business	2	a. Mailing Address		<del></del>	4. FEI Number			plied For
<b>a</b>		26	26		59-3377.181	Not Applicab		t Applicable	
Suffe, Apt. #, etc.		27	Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		dded t	May Be o Fees
Zip 24	Country 25	29		30 Cou	intry		Yes X No		199.032,
	9. Name and Addres	s of Current Reg	Istered Agent			10. Name and Address of New Re-	gistered Agen	<u>.                                    </u>	
GUT	ZKE, MERRY E				81 Name				
2040 NORTH NEMO DRIVE DELTONA FL 32725					dress (P.O. Box Number is Not Acceptab	ile)			
					83				
					84 City		FL 85	'	
office or re	o the provisions of Section egistered agent, or both, in familiar with, and acce	in the State of Flo	orida. Such change was	authorized	d by the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	ourpose of char of the appointm	nging its ent as	s regislered registered
SIGNATURE _				·			DATE		
5	Signature, typed or printed name of	of registered agent and t							
	^r				d Agent signature rec	suired when reinstating)  ADDITIONS (CHANGES TO DEFIC		CTOR	S IN 12
<del></del>		FICERS AND DIR	RECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR		
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information Indicated on this almost experience with this timing does not quality for the exemption stated in decision 119.07 (5)(i), Florida Statutes. I further certify that the information Indicated on this almost experience as unual veport or supply-mental 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 coproration or the recovery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an attachment my an address.

CICNATURE.

Poma b