

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

**FILED**  
**Apr 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000079885 (6)**

1. Corporation Name  
**MCGOWAN BUSINESS GROUP, INC.**



Principal Place of Business <b>5783 N.W. 48TH DR.                  CORAL SPRINGS FL 33067</b>	Mailing Address <b>5783 N.W. 48TH DR.                  CORAL SPRINGS FL 33067-4001</b>
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3. Date Incorporated or Qualified <b>10/16/1995</b>	3a. Date of Last Report <b>08/07/1996</b>
4. FEI Number <b>65-0628542</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 P.O. Box 350553</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 350553</b> Suite, Apt. #, etc.
22 <b>Ft. Lauderdale, FL</b> City & State	27 <b>Ft. Lauderdale, FL</b> City & State
23 <b>33335</b> Zip	28 <b>U.S.A.</b> Country
24 <b>33335</b>	25 <b>U.S.A.</b>
29 <b>33335</b>	30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

**TURNER, OTHEL**  
**5787 W. SUNRISE BLVD**  
**PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGOWAN, PATRICK A</b>	
STREET ADDRESS	<b>5783 N.W. 48TH DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL-33067</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MCGOWAN, Patrick A.</b>	
1.3 STREET ADDRESS	<b>P.O. Box 350553 N/A</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33335</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick McGowan Patrick McGowan 4/5/97 954-524-3222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)