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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000079885 (6)

MCGOWAN BUSINESS GROUP, INC.

Principal Place of Business		Mailing Address			6181 18181 19191 BILL 1981
PO BOX 350553		PO BOX 350553			
FT LAUDERDALE FL 33335		FT LAUDERDALE FL 33335		DO NOT WRITE IN THIS SP	ACE
US US				3. Date Incorporated or Qualified	
<b>\</b>				10/16/1995	
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0628542	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	nt year Intangible
24	[25]	29	30		Yes No
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Ag	ent
	JRNER, OTHEL		I Name		
	87 W. SUNRISE BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33313		83		
1				· · · · · · · · · · · · · · · · · · ·	
İ			84 City	FL	85 Zip Code
11. Pursuant office or i agent La SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obtaining the section of the secti	ligations of, Section 607.0505, F	ites, the above-named corporal authorized by the corporal lorida Statutes.	poration submits this statement for the purpose of clation's board of directors. I hereby accept the appoin	hanging its registered atment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	PVST	☐ DELFTE	1.1 TITLE		Change Addition
NAME	MCGOWAN, PATRICK A		1.2 NAME		
STREET ADDRESS	PO BOX 350553 N/A		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE		DELF 1E	2 1 1ITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		i
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREF1 ADDRESS		
CITY-S1-ZIP			3 4. CITY - ST - 7IP		
TITLE		☐ DELETE	4 1 TIPLE	L	Change Addition
NAME			4. 2 NAME		ľ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		Obana Addis-
TITLE		☐ DELFTE	5.1 TITLE	L	Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		1 a
TITLE		☐ DELETE	6.1 TITLE	<u></u>	Change   Addition

14. I 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

11-100

**FILED** 

Jan 16 1998 8:00am

Secretary of State