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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000032931 (3)

MGM HOLDING COMPANY, INC.

Principal Place of Business
750 FAST SAMPLE ROAD BLDG 7 BAY 9

Mailing Address

750 EAST SAMPLE ROAD BLDG 7 BAY 9

FILED Feb 18 1997 8:00am Secretary of State



POMPANO BEACH FL 33064		POMPANO BEACH FL 33064						
					Date Incorporated or Qualified 04/16/1996	3a. Da	ite of Last	Report
2. Principal Pl	lace of Busines NE RIUER ORT #, etc	2a, Mailing Address	ســـــــــــــــــــــــــــــــــــــ		4. FEL Number	1		pplied For
21 409	NE KLUER UKT	UE 26 409 NE K	TUER O	RIVE_	65-067358	<u> </u>		lot Applicable
Suite, Apt	#, etc.	27			6. Certificate of Status Desired			Additional Required
City & State 23 DEE	CFIELD F1	City & State 28 DEERFIE	DEERFIELD FI		Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip 3349	Country 25 BLOWARD	29 33441	30 BR	WARD	This corporation has liability for Florida Statutes	intangible Yes		8. 199.032,
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered .	Agent	
EAS	THAM, JOHN K JR		81	Name				
138 WEST PALMETTO PARK ROAD BOCA RATON FL 33432				Street Add	fress (P.O. Box Number is Not Acceptab	ole)		
				000				
			83					
			84	City		FL	85 Zip	Code
11. Pursuant i office or reagent. I al	egistered agent, or both, in the Stati m familiar with, and accept the oblic	e of Florida. Such change was rations of, Section 607.0505, F	ites, the abov authorized by lorida Statute	e-named cor the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions	ourpose of ot the app	changing ointment a	its registered s registered
SIGNATURE	Stgrature, typoid or printed name of registered ag	CANO	TF: Bagislared Ac	na signatura tanu	alred when reinstating)		20	
12.		VD DIRECTORS	13.	sia sifiratore redo	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PRESTOENT	DELETE	1.1 TITLE		102110101010101010101010101010101010101	21,0 1,110	☐ Change	
NAME	GLEWN A. WELL	eams	1.2 NAME					
STREET ADDRESS	1330 SE 167 W	reny .	1.3 STREET	ADDRESS				
CITY-ST-ZiP	DEER PIELD,	F1 83441	1.4 CITY - 9	ST-ZIP				
THILE	SECRETARY	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MATTHEW J. ZM 3207 NW. 1051	1 GrodskI	2.2 NAME					
STREET ADDRESS	3207 NW. 1051	MAVE	2.3 STREET	ADDRESS				
CITY-ST-ZIP	Sunrise, Fl	33351	2. 4 CITY-	ST-ZIP	ė.		- 	
TITLE	CAROL MCKEN	DELETE	3.1 TITLE	.			Change	Addition
NAME	3180 MM 68H	Contrat	3.2 NAME	1				
STREET ADDRESS			3.3 STREET	1				
CITY-ST-ZIP	FT LAUVERDALE		3.4. CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE	-			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CHY-ST-ZIP TITLE		DELETE	4.4 CiTY-5 5.1 TiTLE	51-211			Change	Addition
NAME		bud OLCETE	5.1 INLE				- Vinningo	- Pidoliloi
STREET ADDRESS				T ADDRESS				
			5.4 CITY-5					
CITY-ST-ZIP TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	6.1 TITLE) ~ L F			Change	Addition
NAME		- Detel	6.2 NAME	.			5100igs	Addition
STREET ADDRESS	,			ADDRESS				
			64 CITY-	- 1				
ÇITY-ST-ZIP	l		046117-3	31-4IF				

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

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-67

(954)45-8022

Phone #