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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #**P**96*00* 003293/

MGM Holding Company Inc

Principal Place of Business

409 NERiver Dr

409 NERiver Dr

May 13, 1999 8:00 am Secretary of State

05-13-1999 90003 037 \*\*\*150.00

١ ١	PIDIF	27111 Doort	Beach	DO NOT WRITE IN THIS SPACE						
	Deer field Beach FL	33441 Been 1	. / .	33441	3. Date Incorporated or Qualifed /					
		·		22991	4/16/96					
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26			65-0673584	Not Applicable				
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional				
22		27				Fee Required				
L.,	City & State City & State				6. Election Campaign Financing		<b>\$5.00</b> May Be			
23		28			Trust Fund Contribution	Added to Fees				
L.,	Zip Country Zip Coun				8. This corporation owes the current year Intangible					
24	25	29 30			Personal Property Tax.	☐ Yes	□No			
	9. Name and Address of Curren			10. Name and Address of New Registered Agent						
John Eastham 138W Palme HoParkRd				81 Name Glenn Williams						
in a li Warked				82 Street Address (P.O. Box Number is Not Acceptable)						
1384) raime no rarriva				409 NERIVER DO						
			83							
Boca Raton FL 33432				City \Pe	orfield Beach Fl	85 Zi	ip 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

SIGNATURE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Re	gistered Agent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/	CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PDT	☐ DELETE	1.1 TITLE				Change	Addition
NAME	Glenn A Williams 1328 SEI way Deerfield Beach FL		1.2 NAME					
STREET ADDRESS	1328 SEI Way		1.3 STREET ADDRESS					
CITY-ST-ZIP	Deerfield Beach FL		1.4 CITY-ST-ZIP					
TITLE	UPSD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	mathew 2 migrodski 3207 NW 10st Avenue		2.2 NAME					
STREET ADDRESS	3207 NW 10st Avenue		2.3 STREET ADDRESS					
CITY-ST-ZIP	Sunrise FL		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					ľ
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					}

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, with all other like empowered.

Daytime Phone #