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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070229 (5)

1. Corporation Name
MVG, INC.



Principal Place of Business
8005 RIDGE WAY
ORLANDO FL 32817-1237

Mailing Address
8005 RIDGE WAY
ORLANDO FL 32817-1237

3. Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
4. FEI Number 59-3403264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
MC ALEXANDER, VANESSA
8005 RIDGE WAY
ORLANDO FL 32817-1237

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: Vanessa McAlexander - President 3-1-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Vanessa McAlexander	1.2 NAME:
STREET ADDRESS: 8005 Ridge Way	1.3 STREET ADDRESS:
CITY-ST-ZIP: Orlando, FL 32817	1.4 CITY-ST-ZIP:
TITLE: Sec. / Pres.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Michael McAlexander	2.2 NAME:
STREET ADDRESS: 8005 Ridge Way	2.3 STREET ADDRESS:
CITY-ST-ZIP: Orlando, FL 32817	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME:
STREET ADDRESS:	3.3 STREET ADDRESS:
CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME:
STREET ADDRESS:	4.3 STREET ADDRESS:
CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME:
STREET ADDRESS:	5.3 STREET ADDRESS:
CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME:
STREET ADDRESS:	6.3 STREET ADDRESS:
CITY-ST-ZIP:	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: Vanessa McAlexander - President 3-1-97 (407) 425-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)