

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072191 (5)
1. Corporation Name
MGB COLLINS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1031 IVES DAIRY ROAD SUITE 125 MIAMI FL 33179-2538	Mailing Address 2075 NE 164TH ST #102 N MIAMI BEACH FL 33162 US
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3. Date Incorporated or Qualified 08/29/1996	
4. FEI Number 65-0717634	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4032 N. 29 AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 4032 N. 29 AVE. Suite, Apt. #, etc.
22 City & State HOLLYWOOD, FL	27 City & State HOLLYWOOD, FL
23 Zip 33020 Country	28 Zip 33020 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**ROGOVIN, LAWRENCE H ESQ.
1031 IVES DAIRY ROAD
SUITE 125
MIAMI FL 33179-2538**

10. Name and Address of New Registered Agent
81 Name **HERBERT L. HIRSCHBERG**
82 Street Address (P.O. Box Number Is Not Acceptable)
4700 SHERIDAN ST.
83 **SUITE 5**
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 607.0507 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 **HERBERT L. HIRSCHBERG** DATE **4/9/98**
Signature, typed or printed name of registered agent and tele. applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ROGOVIN, LAWRENCE H
STREET ADDRESS	1031 IVES DAIRY RD, STE 125
CITY-ST-ZIP	MIAMI FL 33179-2538
TITLE	P <input type="checkbox"/> DELETE
NAME	OSHER, MARTIN
STREET ADDRESS	1912 S OCEAN DR., #D15
CITY-ST-ZIP	HALLANDALE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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]** DATE **4/9/98**

CFR2E034 (10/97)