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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Daytime Phone # 0000459

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102636 (3)

MG INVESTMENTS OF ORLANDO, INC.

Principal Place 2105 HOWELL THE CLUBHOUS MAITLAND FL 3	Branch road Se	Mailing Address 2105 HOWELL BRANCH THE CLUBHOUSE MAITLAND FL 32751-59				3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1996
	race of Business	2a. Mailing Address			**********	4. FEt Number Applied For
21		26				59-3484 5 Not Applica
Suite, Apt	#, etc	Suite, Apt #, etc.			-	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State 23	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Cou	ıntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
	INTINO, THOMAS V			81	Name	
180	SOUTH KNOWLES AVENUE	,		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)
SUITE 7						
WINT	TER PARK FL 32789			83		
				B4	City	85 Zip Code
SIGNATURE 12. TILLE	D	I action and title if applicable AND DIRECTORS DELETE	13.		int signature re	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Additional Change Additional Change Additional Change C
NAME STREET ADORESS CITY+ST-ZP	BERTRAND, GARY 2105 HOWELL BRANCH RO MAITLAND FL 32751	AD, THE CLUBHOUSE			ADDRESS	
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NAME			2.2 N			= 3 · V
STREET ADORS SS			()		ADDRESS	
C+TY - ST - ZIP					51-ZIP	
TITLE		DELETE	317			Change Addi
NAME			32 N	AME	ļ	
STREET ADORESS			3.3 \$	TREET	ADDRESS	
CITY- \$1-ZIP			3.4 (CITY - S	ST-21P	
1 ILE		☐ DELETE	4.1 T	ITLE]"	Change Addi
NAME			4.21	NAME		
SARFET ACORESS			4.3 \$	TREET	ADDRESS	
City+\$1+7/P			4.4 C	ITY-S	1-2IP	
TIFLE		☐ DELETE	5.1 1	ITLE	- 1	Change Addi
NAME			5.2 N	AME	Į	
STREET AUDRESS			538	TREET	ADDRESS	
CITY - ST - ZIF			540	ITY-S	1-21P	
JUI.		DELETE	6.1 T	ITLE		☐ Change ☐ Addi
NAME			6.2 N	AME	ļ	

6.3 STREET ADDRESS 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