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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000488 (1)

MGS STOREFRONTS, INC.

Mailing Address

11570 WILES RD

Principal Place of Business

SIGNATURE:

11570 WILES RD SUITE #4

FILED Apr 10 1998 8:00am Secretary of State



340- 4064

SUITE #4 DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076** 3. Date Incorporated or Qualified 12/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-07 18699 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent DREIER, SAUL 11570 WILES RD Street Address (P.O. Box Number is Not Acceptable) SUITE #4 **CORAL SPRINGS FL 33076** 84 City Zip Code 85 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 (NO1E Registered Agent signature required when reinstating) Signature, typed or pointed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change NAME DREIER, SAUL 1.2 NAME STREET ADDRESS 11570 WILES RD 1.3 STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ELIS, PHILIP C NAME 2.2 NAME 12152 W SAMPLE RD STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL 33065** 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE FINELLI, ANTHONY NAME 3.2 NAME 4755 NW 96TH DR STREET ADDRESS 3.3 STREET ADDRESS **CORAL SPRINGS FL 33076** 3.4. CITY - ST- ZIP CITY-ST-ZIP DELFTE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Addition TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY: ST-ZIP I hereby certify that the information supplied with his 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 regioner or histerie employered 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 accomment with an arrivers.