

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90257 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000488

1. Corporation Name
MGS STOREFRONTS, INC.



Principal Place of Business 11570 WILES RD SUITE #4 CORAL SPRINGS FL 33076	Mailing Address 11570 WILES RD SUITE #4 CORAL SPRINGS FL 33076
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 MGS STOREFRONTS Suite, Apt. #, etc. 22 12356 Wiles RD. City & State 23 CORAL SPRINGS FL. Zip 24 33076		2a. Mailing Address 26 MGS STOREFRONTS INC Suite, Apt. #, etc. 27 12356 Wiles RD City & State 28 CORAL SPRINGS FL. Zip 29 33076		3. Date Incorporated or Qualified 12/30/1996	
				4. FEI Number 65-0718699	
				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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DREIER, SAUL
11570 WILES RD
SUITE #4
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name	ANTHONY L FINELLI
82 Street Address (P.O. Box Number is Not Acceptable)	12356 Wiles RD.
83 City	CORAL SPRINGS
84 State	FL
85 Zip Code	33076

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 *Anthony L Finelli*
Signature, typed or printed name of registered agent and title if applicable.

ANTHONY L FINELLI
(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DREIER, SAUL	
STREET ADDRESS	11570 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIS, PHILIP C	
STREET ADDRESS	12152 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINELLI, ANTHONY	
STREET ADDRESS	4766 NW 96TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	PHILIP C ELIS
2.4 CITY-ST-ZIP	5284 N.W. 117 AVE
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	ANTHONY L. FINELLI
3.4 CITY-ST-ZIP	4766 N.W. 96TH DRIVE
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, with all other like empowered.

SIGNATURE:

Anthony L Finelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)