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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800009640

1. Corporation Name

MGM STUCCO, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90020 019 ***150.00



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Principal Place of Business		Mailing Address						18111 Ab 141 B1	1410 10119 01111	818+J 00II 1881	
2329 ROSE STREET		2329 ROSE STREET					\				
SARASOTA FL 34239		SARASOTA FL 34239					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed	114 11 113 4			
	*						1 **				
		D. Mailing Ad					01/30/1998 4. FEI Number			plied For	
2. Principal Place of Business		2a. Mailing Add				65-08/0/3	26		t Applicable		
21		26 Suite And	# ata			_	65 001010	180	\$8.75		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Re		,
City P. Ctote		City & Stat	<u></u>				6. Election Campaign Financing			May Be -	
City & State		City & State				-	6. Election Campaign Financing Trust Fund Contribution		Added t		
Zip	Country	Zip		Count	irv		8. This corporation owes the current	vear Inta			
⊢	25	29	3	_	•		Personal Property Tax.		☐Yes	ENO	
24	9. Name and Address of Currer			<u> </u>			10. Name and Address of New Reg	istered A	gent		
	5. Name and Addition of Contract			8	31 N	ame					
DES	JARLAIS, MARY L			L			(D.O. Day March State Assemble		_ _		
8075 SO. BENEVA ROAD STE. 5					32 S	treet Addre	ess (P.O. Box Number is Not Acceptable)			ľ	i
SAR	ASOTA FL 34238			8	33						
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[8	34 C	ity		FL	85 Zip	Code	!
11 Dursuant	to the provisions of Sections 607 050	2 and 607 1508. Flo	orida Statutes	the abo	i ove-na	amed corpo	pration submits this statement for the pu	rnose of o	changing its	registered	!
office or re	existered agent or both in the State	of Florida, Such cha	ange was aut	horized b	41	corporation	n's board of directors. I hereby accept the	he appoin	itment as re	gistered	
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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: