## 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 # P98000070545

1. Corporation Name

MGM ORIGINALS, INC.

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90077 049 \*\*\*150.00



		-					
Principal Place of Business Mailing Address							T (00)1980 I IID IBIDI IBISI DDIN BDISI DDIN DDIN DDIN DDIN DDIN DRIN DA ANI DI DE ANI BIDI DA ANI BIDI BIDI DA ANI BIDI BIDI DA ANI BIDI BIDI BIDI BIDI BIDI BIDI BIDI BI
1951 SW WINDCROSS RUN PALM CITY FL 34990			1951 SW WINDCROSS RUN PALM CITY FL 34990				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							08/10/1998
2. Principal Pl	ace of Business	2a	Mailing Address				4. FEI Number Applied For
21		• • • • • • • • • • • • • • • • • • • •			65-0860833 Not Applicable		
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip				Country			8. This corporation owes the current year Intaggible
24	25	29	3	0			Personal Property Tax. Yes ☐ No
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registered Agent
				81	ווי	Name	
MIEL	E, MARIA G			. 8:	+	Street Addr	Iress (P.O. Box Number is Not Acceptable)
	SW WINDCROSS RUN			-   "		Oli Cot i i ioo	
PALI	M CITY FL 34990			83	3		
				-	+	<b>0</b> 11.	85 Zip Code
	FAMILY COST PLAN			84	•	City	FL   85   Zip Code
11. Pursuant	to the constitutions of Continuo CO7 0E03	ıf Flori	ida. Such change was autl	iorized by	v th	named corp e corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered agent				ent s	gnature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	אוט כ	DELETE	13.		- $-$	Change Addition
TITLE	D AUGUE MARIA O		בן טבנבוב				
NAME	MIELE, MARIA G			1.2 NAME			
STREET ADDRESS	1951 SW WINDCROSS RUN			1.3 STREE			
CITY-ST-ZIP	PALM CITY FL 34990		☐ DELETE	1.4 CITY-		ZIP	. Change Addition
TITLE			□ DEFETE	2.1 TITLE		-	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STRE			•
CITY-ST-ZIP			□ oci ete	2. 4 CITY-		ZIP	☐ Change ☐ Addition
MILE			☐ DELETE	3.1 TITLE			Contained Industrial
NAME				3.2 NAME			
STREET ADDRESS			•	3.3 STRE			
CITY-ST-ZIP			□ pc: 575	3.4. CITY-		ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 TITLE		Ì	Countries Character
NAME				4, 2 NAM	E		
STREET ADDRESS				4.3 STRE	ETAI	DDRESS	
CITY-ST-ZIP				4.4 CITY-		ZIP	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS	•			5.3 STRE			
CITY-ST-ZIP				5.4 CITY-		ZIP	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME		_ [	
STREET ADDRESS				6.3 STRE			
CITY, ST. 7ID				6.4 CITY-	ST-Z	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 regiver of 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, at onan attropyment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #