

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90034 022 \*\*\*150.00

**DOCUMENT # S50107**

1. Entity Name  
**MG III, INC.**



Principal Place of Business  
**6300 NW 31ST AVE.  
FT LAUDERDALE, FL 33309**

Mailing Address  
**6300 NW 31ST AVE.  
FT LAUDERDALE, FL 33309**

**94059929**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3070988**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**B&C CORPORATE SERVICES  
201 SOUTH BISCAYNE BLVD, SUITE 3000  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	WODA, JERRY W
STREET ADDRESS	6300 NW 31ST AVE.
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	PD
NAME	PERLYN, DONALD
STREET ADDRESS	6300 NW 31ST AVE.
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	CCEO
NAME	LORBER, HOWARD
STREET ADDRESS	1400 OLD COUNTRY RD.
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	EV
NAME	NORBITZ, WAYNE
STREET ADDRESS	1400 OLD COUNTRY RD.
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	SVF
NAME	PALEY, CARL
STREET ADDRESS	1400 OLD COUNTRY RD.
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	VTAS
NAME	DEVOS, RONALD
STREET ADDRESS	1400 OLD COUNTRY RD
CITY-ST-ZIP	WESTBURY, NY 11590

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/04 9549730000**