

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69661 (9)

1. Corporation Name
MELMAG, INC.



Principal Place of Business 14390 MUSTANG TRAIL FORT LAUDERDALE FL 33330	Mailing Address 14390 MUSTANG TRAIL FORT LAUDERDALE FL 33330-3508
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/30/1992	3a. Date of Last Report 04/10/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0364469	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	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
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent GREFE, MELANIE M. 14390 MUSTANG TRAIL FT LAUDERDALE FL 33330		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE-MOURADIAN, LORRAINE	1.2 NAME	
STREET ADDRESS	1270 N.W. 108TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE, MELANIE M.	2.2 NAME	
STREET ADDRESS	1513 MOFFETT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE, WILLIAM	3.2 NAME	
STREET ADDRESS	14390 MUSTANG TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE, GRACE L.	4.2 NAME	
STREET ADDRESS	14390 MUSTANG TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Melanie M. Greffe* **MELANIE M. GREFFE** 3-7-97 680-2195 (954)

CR2E034 (9/96)