

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25299** (9)
1. Corporation Name
MTGR CORPORATION

Principal Place of Business
**4001 HWY 128
GEYSERVILLE CA 95441
US**

Mailing Address
**PO BOX 158
GEYSERVILLE CA 95441
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3. Date Incorporated or Qualified 07/24/1989		3a. Date of Last Report 04/12/1994	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address	26. Suite, Apt. #, etc.
27. City & State	28. Zip	29. Country	30. Zip	31. Mailing Address	32. Suite, Apt. #, etc.
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROSENTHAL, ROBERT 8600 NW 52 AVE LAUDERHILL FL 33313			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

Signature, typed or printed name of registered agent and title of incorporator

NOTE: Registered Agent signature required when re-appointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
PD	MURPHY, TIMOTHY J. JR. 3740 HWY 128 GEYSERVILLE CA	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	READY, DAVID L. 900 BENJAMIN WAY HEALDSBURG CA	1.3 STREET ADDRESS	
SD	GOODE, DALE R. 8440 HWY 128 HEALDSBURG CA	1.4 CITY- ST- ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 my address.

SIGNATURE:

Timothy J. Murphy Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR OFFICER OR DIRECTOR

2/24/95

707-4131-7044