

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: **07/24/1989**

4. FEI Number: **68-0067888**

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (25-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent
WINSTEAD, T. WAYNE
9 BELLE ISLAND AVE.
UNT 501
NORTH MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: **CARL FOLKMAN**

82 Street Address (P.O. Box Number is Not Acceptable): **480 HADLEY DR.**

83

84 City: **PALM HARBOR** FL 85 Zip Code: **34683**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in this 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]* DATE: **1/30/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, TIMOTHY J. JR.	
STREET ADDRESS	3740 HWY 128	
CITY-ST-ZIP	GEYSERVILLE CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	READY, DAVID L.	
STREET ADDRESS	900 BENJAMIN WAY	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODE, DALE R.	
STREET ADDRESS	8440 HWY 128	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	GOODE, DALE R.
3.4 CITY-ST-ZIP	4424 MC DONOUGH HEIGHTS HEALDSBURG, CA 95448
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 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 employed 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: *[Signature]* DATE: **1/30/98**

CP2E034 (10/97)