
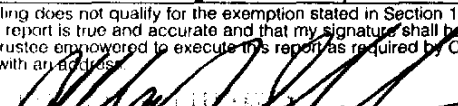


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 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 # F66541 (6)					
1. Corporation Name M.J. GORDON COMPANY					
Principal Place of Business POST OFFICE BOX 4441 PITTSFIELD MA 01202			Mailing Address POST OFFICE BOX 4441 PITTSFIELD MA 01202		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		3. Date incorporated or Qualified 02/09/1982
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24		25	29		30
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GORDON, RAE FARNHAM 0-4034 DEERFIELD BEACH FL 33442			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 607.0507 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DVS <input type="checkbox"/> DELETE				
NAME	GORDON, RAE				
STREET ADDRESS	FARNHAM 0-4034				
CITY-ST-ZIP	DEERFIELD BCH, FL 00000				
TITLE	<input type="checkbox"/> DELETE				
NAME	FAGEN, ILENE SUE				
STREET ADDRESS	2297 ELMHILL ROAD				
CITY-ST-ZIP	CHURCHILL PA				
TITLE	<input type="checkbox"/> DELETE				
NAME	GORDON, ALLAN				
STREET ADDRESS	11 CHICKERING STREET				
CITY-ST-ZIP	PITTSFIELD MA				
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	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	GORDON, RAE				
1.3 STREET ADDRESS	WEINBERG TERRACE; 5757 BARTLETT ST. 405				
1.4 CITY-ST-ZIP	PITTSBURGH, PA 15717				
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 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 addendum.					
SIGNATURE: ALLAN B. GORDON  MARCH 12, 1998 (413)448-6066					

CR2E034 (10/97)