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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # H95274

Mailing Address

MLB DEVELOPMENT CORPORATION

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FILED

May 13 1997 8:00am

Secretary of State

Solid Principal Place of Business 2a. Mailing Address 2b. Ma	% GLORIA GOODMAN 890 STATE RD 434 N. ALTAMONTE SPRINGS FL 32714	% GLORIA GOODMAN 890 STATE RD 434 N. ALTAMONTE SPRINGS FL 32	214.2019			
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 90. Name and Address of New Registered Agent 91. Name 92. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 84. City 85. City 85. City 86. City 87. City 87. City 87. City 88. City 8	23 Altamonte Springs, FL					
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation subminis this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE					FI 85 Zip Code	
Signature, specified protein and any or equipment agent to at their applicable State Sta	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 hoard of directors. I hereby accept the appointment as registered					
18.						
TITLE						
NAME GOODMAN, BARRY S. SIRET ADDRESS 890 STATE RD 434 N. CITY-ST-ZPP ALTAMONTE SPRGS. FL TITLE PD DELETE 27 MAME William J. Goodman STREET ADDRESS 890 STATE ROAD 434 NORTH ALTAMONTE SPRINGS FL TITLE VD DELETE 31 MAME STREET ADDRESS						
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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		dind with this files does not avail to		od in Cooling 110 07/2V/\ Florida C	I full bas positive the Late 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 eath; 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.

4/22/97

(407) 788-6555