

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

FILED

May 13 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 # **H95274** (7)  
1. Corporation Name  
**MLB DEVELOPMENT CORPORATION**



Principal Place of Business <b>% GLORIA GOODMAN 890 STATE RD 434 N. ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>% GLORIA GOODMAN 890 STATE RD 434 N. ALTAMONTE SPRINGS FL 32714-7013</b>
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2. Principal Place of Business 21 <b>860 State Road 434 North</b> Suite, Apt. #, etc. 22 <b>Suite 7</b> City & State 23 <b>Altamonte Springs, FL</b> Zip Country 24 <b>32714 USA</b>	2a. Mailing Address 26 <b>860 State Road 434 North</b> Suite, Apt. #, etc. 27 <b>Suite 7</b> City & State 28 <b>Altamonte Springs, FL</b> Zip Country 29 <b>32714 USA</b>
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3. Date Incorporated or Qualified <b>01/13/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2625217</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GOODMAN, WILLIAM J.  
890 STATE RD 434 N.  
ALTAMONTE SPRINGS FL 32714**  
**860 State Road 434 North, Suite 7  
Altamonte Springs, FL 32714**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VSDT <input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, BARRY S.
STREET ADDRESS	890 STATE RD 434 N.
CITY-ST-ZIP	ALTAMONTE SPRGS. FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GOODMAN, WILLIAM J.
STREET ADDRESS	890 STATE ROAD 434 NORTH
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOODMAN, LAUREN B.
STREET ADDRESS	890 STATE ROAD 434 NORTH
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
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	
11 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Michael A. Goodman
13 STREET ADDRESS	860 State Road 434 North, Suite 7
14 CITY-ST-ZIP	Altamonte Springs, FL 32714
21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	William J. Goodman
23 STREET ADDRESS	860 State Road 434 North
24 CITY-ST-ZIP	Altamonte Springs, FL 32714
31 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lauren B. Goodman
33 STREET ADDRESS	860 State Road 434 North, Suite 7
34 CITY-ST-ZIP	Altamonte Springs, FL 32714
41 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	H. Scott Gold
43 STREET ADDRESS	860 State Road 434 North, Suite 7
44 CITY-ST-ZIP	Altamonte Springs, FL 32714
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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: William J. Goodman 4/22/97 (407) 788-6555

CR2E034 (9/96)