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May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J84850** (3)  
1. Corporation Name  
**M.G.C. DEVELOPMENT, INC.**



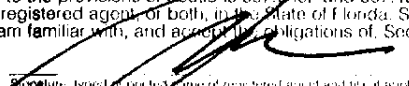
Principal Place of Business <b>P.O. BOX 39 1460 S.W. 20TH STREET BOCA RATON FL 33429</b>	Mailing Address <b>P.O. BOX 39 1460 S.W. 20TH STREET BOCA RATON FL 33429</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>315 SE 7 Street</b> Suite, Apt #, etc. 22 <b>100</b> City & State 23 <b>FT LAUDERDALE FL</b> Zip 24 <b>33301</b> Country 25 <b>BROWARD</b>		2a. Mailing Address 26 <b>same</b> Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>07/29/1987</b>	
		4. FEI Number <b>65-0009258</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SCHOENFELDT, JEFFREY S. 1460 S.W. 20TH ST. BOCA RATON FL 33429-0039</b>		10. Name and Address of New Registered Agent 81 Name <b>Jerome R. Schechter</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>315 SE 7 ST 1st FL</b> 83 <b>FT LAUDERDALE FL 33301</b> 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0102 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:  **Jerome R. Schechter** 3-12-98  
Signature, typed or printed name of registered agent and, if not applicable, (b)(9) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS SCHOENFELDT, JEFFREY 1460 SW 20TH STREET BOCA RATON FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>R. Sharkey 315 SE 7 Street FT LAUDERDALE FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 both, in attachment with an address.

SIGNATURE:  **R. Sharkey** **Mr. J. R. Rood** 954 341-8417

CR2E034 (10/97)