

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

FILED

Feb 27 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 # K57545 (1)  
1. Corporation Name  
M. GOLDBERG ASSOCIATES, INC.

Principal Place of Business  
14912 Balsa Wood Place  
Tampa FL 33613

Mailing Address  
14912 Balsa Wood Place  
Tampa FL 33613



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1989

4. FEI Number

22-5361883

Applied For

Not Applicable

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 3902 ESTRELLA ST.

Suite, Apt. #, etc

22 City & State

23 TAMPA FL

Zip

24 33639

Country

25 HILLSBORO.

2a. Mailing Address

26 3902 ESTRELLA ST.

Suite, Apt. #, etc

27 City & State

28 TAMPA FL

Zip

29 33639

Country

30 HILLSBORO.

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.  
1212 COURT ST  
SUITE B  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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 607.0502 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BALLANCE, SUNY B.  
STREET ADDRESS 14912 Balsa Wood Place  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P  
1.2 NAME THOMAS, JAMES A.  
1.3 STREET ADDRESS 3902 ESTRELLA ST.  
1.4 CITY-ST-ZIP TAMPA FL 33639 ☒ Change ☐ Addition

2.1 TITLE VP  
2.2 NAME THOMAS, BARRY E.  
2.3 STREET ADDRESS 604 4th AVENUE NORTH  
2.4 CITY-ST-ZIP MYRTLE BEACH, SC 29577 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

*Suny B. Ballance*

1813  
PRESIDENT 397-1882

CR2E034 (10/97)