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**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L47706**

I. Corporador	i Name				1				
M. T. G.	DEVELOPMENT, INC.								
Principal Place	of Business	Mailing Address				```\ <b>\\\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OILI DIEN DIBN BADIN		
C/O MELVIN T. GOLDBERGER  C/O MELVIN T. GOLDBERGER									
1700 S. DIXIE HIGHWAY, STE. 2A 1700 S. DIXIE HIGHWAY, STE. 2A			TE. 2A			DO NOT WRITE	IN THIS SPACE		
BOCA RATON I	FC 93432	BOCA RATON PL-33432				3: Date Incorporated or Qualifed	IN THIS STAGE		
$\checkmark$		$\psi$				01/29/1990			٠.
Principal Place of Business     Address     Mailing Address						4. FEI Number		Applie	ed For
21 Clo Melvint, Goldberger 26 Clo Melvin T. G			<u>, 601</u>	<u>Soldberger</u>		65-0181470			Applicable
Suite, Apt. #, etc. Ste 205 Suite, Apt. #, etc. 22 1761 W. Hills boro Blvd. 27 P.O. Box 812			-1271	^	,	5. Certifcate of Status Desired	1	<b>75</b> Add e Requi	
22 176 U	D. HEILS DONG CIVE.	27 P. O. 150 X 2	112	<u> </u>		6. Election Campaign Financing	\$5	00 ма	av Be
23 Deer	~	28 Boca Rate	on, i	=		Trust Fund Contribution	1 ' '	ded to F	-
Zip	Country	Zip	Counti	у		8. This corporation owes the current	year Intangible		
24 334	t42 [25]	29 33481	30			Personal Property Tax.	□Yes		No
	9. Name and Address of Current	Registered Agent		aT		10. Name and Address of New Reg	istered Agent		
GOL	DBERGER, MELVIN T.		8	1 Name					
	) IŞLE GROVE PL		8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable	<del>)</del> )		
STE. A			8	3					
	A RATON FL 33433		Ľ						
			8	4 City			FL  85	Zip Cod	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named	corpor	ation submits this statement for the pu	rpose of changin	g its rec	gistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	n Florida. Such change was a	utnonzea b	v the como	oration	's board of directors. I hereby accept the	ne appointment a	s regis:	terea
SIGNATURE		,							
OIONATORE	Signature, typed or printed name of registered agent			ent signature r	equired v	when reinstating)	DATE DIDE	CTOR	C IN 42
12.	OFFICERS AND	D DIRECTORS	13.		r	ADDITIONS/CHANGES TO OFFIC	Cha		Addition
TITLE	PD MELVIN T		1.1 NAME						
NAME	GOLDBERGER, MELVIN T. 7050 ISLE GROVE PL		•	ET ADDRESS					
STREET ADDRESS	BOCA RATON FL 33433		1.4 CITY-						
CITY-ST-ZIP TITLE	DC	☐ DELETE	2.1 TITLE		-	1	☐ Cha	nge	Addition
· / I / F	GOLDBERGER, BETTY M.		2.2 NAME						
STREET ADDRESS	7050 ISLE GROVE PL		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 3433		2. 4 CITY	-ST-ZIP			***	<del>-</del>	
TITLE	VD	☐ DELETE	3.1 TITLE	:			<b>≥</b> Cha	nge	☐ Addition
NAME	GRUENBER, S		3.2 NAME		66	Ruenberg, Susai	U		
STREET ADDRESS	7050 ISLE GROVE PL		33 STRE	ET ADDRESS		•			
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY				FYCha		☐ Addition
TITLE	VD	☐ DELETE	. 4.1 TITLE				Cha	nge	
NAME (	HURST, MARGIE		4. 2 NAM		H	DRST, MARGERU	1		
STREET ADDRESS	1700 S. DIXIE HWY.			ET ADDRESS		, , , , , , , ,	,		
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	4.4 CITY-				☐ Cha	nge	Addition
TITLE	TSD DIANE		5.1 TITLE 5.2 NAM					•	_
NAME	ZWICKAU, DIANE 7050 ISLE GROVE PL			ET ADDRESS					
STREET ADDRESS	BOCA RATON FL 33433		5.4 CITY						
CITY-ST-ZIP TITLE	DOOR FRION, FL 33433	☐ DELETÉ	6.1 TITLE		ļ —		☐ Cha	inge	Addition
NAME			6.2 NAM	<b>=</b>		,			
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 supplied ental 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

311 99

954-422-9565 Daylime Phone #