

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25299 (9)
1. Corporation Name
MTGR CORPORATION

Principal Place of Business
4001 HWY 128
GEYSERVILLE CA 95441
US

Mailing Address
PO BOX 158
GEYSERVILLE CA 95441
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1989	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27	28	29	30	4. FEI Number 68-0067888	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. 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		10. Name and Address of New Registered Agent	
WINSTEAD, T. WAYNE 9 BELLE ISLAND AVE. UNIT 501 NORTH MIAMI BEACH FL 33139		81 Name CARL FOLKMAN 82 Street Address (P.O. Box Number is Not Acceptable) 480 HADLEY DR. 83 84 City PALM HARBOR FL 85 Zip Code 34683	

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in this 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  DATE 1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MURPHY, TIMOTHY J. JR.	1.2 NAME	
STREET ADDRESS	3740 HWY 128	1.3 STREET ADDRESS	
CITY - ST - ZIP	GEYSERVILLE CA	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	READY, DAVID L.	2.2 NAME	
STREET ADDRESS	900 BENJAMIN WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	HEALDSBURG CA	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	GOODE, DALE R.	3.2 NAME	GOODE, DALE R.
STREET ADDRESS	8440 HWY 128	3.3 STREET ADDRESS	4424 MC DONOUGH HEIGHTS
CITY - ST - ZIP	HEALDSBURG CA	3.4 CITY - ST - ZIP	HEALDSBURG, CA 95448
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 employed 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:  DATE 1/30/98 70743158140

CR2E034 (10/97)