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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073082 (6)
M & Z DEVELOPMENT, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								IODOK 1944 BOYA	18:11 1191 1991		
837 MERLIN TERRACE 837 MERLIN TERRACE											
PENSACOLA FL 32508				PENSACOLA FL 32506				DO NOT WRITE IN TH	HS SPACE		
								3. Date Incorporated or Qualified	HO OF ACL		
								09/19/1995			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For	
21				26				59-3346328		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
22				27				To dominate of class begins		Required	
City & State				City & State				6. Election Campaign Financing		DO May Be	
Zip Country			28	Zip Country			,	Trust Fund Contribution		ed to Fees	
	25			¬ '			,	8. This corporation owes or has paid the current ear Intangible Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Current						 -	10. Name and Address of New Registered Agent			
SMI	TH, STEVEN					81	Name				
3105 N. DAVIS HWY.							82 Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32503							Street Add	dress (P.O. Box Number is Not Acceptable)			
					ŀ	83					
					F		0.		lee 1 3	in Code	
						84	['		▝▙▕▔▏	Zip Code	
11. Pursuant t	to the provisions	of Sections 607.	0502 and 6	07.1508, Florida Statu	tes, the ab	OVE	e-named cor	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	se of changin	g its registered	
agent. I ar	egistereo agent, m familiar with, a	or both, in the S ind accept the ol	tate of Florid bligations of	ia. Such change was Section 607.0505, F	autnorized Iorida Stati	ne:	y the corpora s.	ation's board or directors. I hereby accept the	appointment	as registered	
SIGNATURE											
Signature, typed or printed name of registered agent and little if applicable (NOTE: I						Age	eni signature requ	uired when reinstating) DA		5000 114 40	
12.	P	OFFICERS	AND DIREC	DELETE	13. 1.1 Til	<u>.</u>		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
TITLE NAME	MARK S. RK	CHARDS		C) DECENE	1.2 NA				onar	Ac The Montroll	
STREET ADDRESS	AND MEDICAL TERRALOR			•			r address				
CITY-ST-ZIP	DEMOACOLA EL			1.4 Cl							
TITLE	VP			DELETE	2.1 TIT	_	21-711		☐ Chan	ge Addition	
NAME	E. STEVE SI	MITH			2.2 NA	ME					
STREET ADDRESS	3105 N DAV				2.3 ST	REET	T ADDRESS				
CITY-ST-ZIP	PENSACOLA	4 FL			2. 4 Cf	TY - 9	ST-ZIP				
TITLE				☐ DELETE	3.1 TIT	LE			Chan	ge Addition	
NAME					3.2 NA	ME					
STREET ADDRESS					3.3 ST	REET	ADDRESS				
CITY-ST-ZIP							ST-ZIP	* *	——————————————————————————————————————		
TITLE				☐ DELETE	4.1 TIT				☐ Chan	ge [] Addition	
NAME					4, 2 N						
STREET ADDRESS							ADDRESS				
CITY - ST - ZIP		·		DELETE	4.4 CIT		ST-ZIP		Chan	ge Addition	
TITLE				CA DECER	5.1 III 5.2 NA				L (r/d/)	80 P Voortigit	
NAME STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CIT						
TITLE				☐ DELETE	6.1 TIT		J) - EW		Chan	ge Addition	
NAME				<u> </u>	6.2 NA				-		
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP					6.4 CIT						
											

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 eath; that I am an officer or director of the corporation or the samplement of the

492-6082