

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
12/13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 12 PM 2:25



1. Name of Limited Partnership

1a. DOCUMENT #
A30015

CMT HOLDING, LTD.

Mailing Address

P.O. BOX 6600
CLEARWATER FL 34618

Principal Office Address

19353 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 34624

3. Date Formed or Registered

05/02/1990

5a. Capital Contributions as
Shown on record.

\$1,050,000.00

3a. Date of Last Report

12/07/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,022,500.00

4. State or Country of Formation

FL

6. FEI Number

59-3003104

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LECOMPT, MORRIS ESQ
100 SECOND AVE. SOUTH
CITY CENTER-12TH FLOOR
ST PETERSBURG FL 33701

10. If changed, new Registered Agent/Office

Name
Jill Fisher Powers, Esquire
Street Address (P.O. Box Number Is Not Acceptable)
19353 US Highway 19 North
Suite, Apt. #, etc.
Suite 100
City
Clearwater
Zip Code
FL 34624

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12/5/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CMT HOLDINGS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

19353 US HIGHWAY 19 N

11b. City, State & Zip Code

CLEARWATER FL 34624

11c. Registration/
Document Number

L66850

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/9/96

Typed or Printed Name of General Partner Signing Form

Richard W. Cape, President

Daytime Telephone Number

813/548-6468

CR2E003 (6/96)