

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 11 AM 8:48

mtm
12/15



1. Name of Limited Partnership

1a. DOCUMENT #
A30015

CMT HOLDING, LTD.

Mailing Address

P.O. BOX 6600
CLEARWATER FL 34616

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.

\$1,198,000.00

3a. Date of Last Report

01/29/1998

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

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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

33750

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

33764

9. Name and Address of Current Registered Agent

POWERS, JILL F ESQ
19353 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 34624

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

**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 effects 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 680, Florida Statutes.

SIGNATURE

DATE 12/8/98

Typed or Printed Name of General Partner Signing Form

CMT Holdings, Inc. by
Richard W. Cape as President

Daytime Telephone Number

727/538-5468

CR2E003 (8/98)