

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90218 042 \*\*\*158.75

**DOCUMENT # F00000000357**

1. Entity Name  
**MTF MANAGEMENT CORPORATION**



Principal Place of Business  
**C/O FINSER CORPORATION  
550 BILTMORE WAY, SUITE 900  
CORAL GABLES, FL 33134**

Mailing Address  
**C/O FINSER CORPORATION  
550 BILTMORE WAY, SUITE 900  
CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2077748</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8: The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	KEON, WILLIAM T III
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	VSD
NAME	JENSEN, JOAN BURTON
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joan Burton Jensen, Vice President and Secretary 305-442-3452 3-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #