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PROFIT CORPORATION **ANNUAL REPORT**

1997



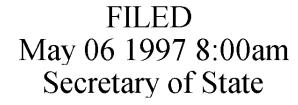
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004711 (8)

MTI INVESTMENT INC.





| Principal Place 8320 EDGEWATI ORLANDO FL 3: US | ER DRIVE | Mailing Address 5320 EDGEWATER DRIVE ORLANDO FL 32810-5251 US | | | |
|--|---|--|--------------------------------|--|---|
| | | | | 3. Date Incorporated or Qualified 10/19/1993 | 3a. Date of Last Report 01/23/1996 |
| 2. Principal Plants 21 6 5 Suite, Apt. 1 | oz Felix Ct. | 28. Mailing Address 26 1002 F. Suite, Apt. #, etc. | elix C+ | 4. FEI Number 38-3073268 | Applied For Not Applicable \$8.75 Additional |
| 22 City & State | | City & State | | Certificate of Status Desired Election Campaign Financing | Feo Required \$5.00 May Be |
| 23 β γι | pKa Fl. | 28 Apopka | Country | Trust Fund Contribution 8. This corporation has liability for its component of the compone | Added to Fees |
| Zip 327 | 9, Name and Address of Curren | | 0 USA | | Yes 🔀 No |
| 5960 | PHY, TIM SCOTCH GLEN #108 ANDO FL 32808 | | 82 Street Add | IMOTHY J. MUR Iress (P.O. Box Number is Not Acceptate LOOZ FCLIX CT | PHY |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 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 Signalure, typegar preliad name of possible of applicable (NOTE Registered Agent Squallure registed when renstating) OAT: | | | | | |
| 12. | OF JEERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 Change Addition |
| TITLE | PS | ☐ DELETE | 1.1 THLE | • | Change Addition & |
| NAME | MURPHY, TIM | | 1.2 NAME | | <u> </u> |
| STREET ADORESS | 3790 W. HOWELL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MASON MI | DOLLETE | 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 2.1 TITLE | | C change C Addition |
| NAME | | | 2.2 NAME 2.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 2. 4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | DELETÉ | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELFTE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | |
| City-St-ZiP | | | 4.4 City - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 THLE | | L Change L Addition |
| NAME | | | 6.2 NAME | | - |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| 14. d o hereb | by certify that the information supplie | d with this filing does not qualify | for the exemption state | ed in Section 119.07(3)(i), Florida Statute | s. I turther certify that the |

information indicated on this annual report or supplemental annual report is true and tam an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an adjustice. faccurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name