FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

F9400005830 (4) **DOCUMENT #**

MT INTERNATIONAL, INC.



| Prinopal Place of Business Mailing Address | | | | | | | | |
|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|------------------------|---------------------|--------------------------------------------------------------------------------------------|-----------------------|----------|---------------------------|
| | | | | | | | | |
| % JOHN W. SHAFFER 14566 MANDOLIN DR. 14566 MANDOLIN DR | | | | | | | | |
| ORLANDO FL 32837 US | | ORLANDO FL 3283 US | ORLANDO FL 32837 US | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 | | | |
| 2, Principal Place | e of Business | 2a. Mailing Address | | | 4, FEI Number 04-3232217 | | 1-1- | plied For t Applicable |
| Suite, Apt. #, etc. | | Suite Act #, etc. | Suite, Apt. #. etc. | | | \$8.75 Addition | | |
| 2 | eic. | 27 | | | 5. Certificate of Status Desired | | Fee Re | quired |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | | \$5.00 | |
| | | 28 | Country | | Trust Fund Contribution | | Added t | |
| Zip Country 25 | | 2φ Cou 29 30 | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | |
| 1 | g. Name and Address of Currer | | 1301 | | 10. Name and Address of New I | Registered Age | nt | , |
| | | | 81 | Name | | | | |
| SHAFFE | R, JOHN W | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptal | ble) | | |
| 14566 MANDOLIN DR | | | 83 | | | | | |
| ORLANI | OO FL 32837 | | 63 | | | | | |
| | | | 84 | City | | FI ^{je} | 35 Zip (| Code |
| SIGNATURE: | grid de typeskor perted had end easy translation OFFICERS AN | Taraber displace 19 DIRECTORS | Note Boyand Age | of signal-60 to 1 m | ADDITIONS/CHANGES TO OF | DATE FICERS AND DE | RECTOR | IS IN 12 |
| 12. | P | DELETE 11 | | | 7,0011010.01111000.0 | | Change | ☐ Addition |
| IAME | SHAFFER, JOHN W | | 1.2 NAME | | | | | |
| STREET ADDRESS | 14566 MANDOLIN DR | | 13 STREE | T ADDRESS | | | | |
| CITY - ST-ZIP | ORLANDO FL | | | ST-21P | | | Change | Add tion |
| ⊓TL€ | VP | □ DELETE | 2 1 TIT: E 2 2 NAME | | | LI, | Jiking. | |
| NAME STREET ADDRESS | Shaffer, Patricia a 14566 Mandolin dr | | 1 | LADDRESS | | | | |
| CITY ST-ZIP | ORLANDO FL | | 2.4 C-TY - | | | | | |
| TITLE | C | DELETE 3.1 | | | Change Addition | | Addition | |
| NAME | MADDEN, JOHN J | | 3.2 NAME | | | | | |
| STREET ADDRESS | 46 DEVONSHIRE RD. | | | ET ACORESS | | | | |
| CITY-ST-ZIP | WABAN MA | DELFIE | 3.4 CHY : | | | | Change | Addition |
| NAME | | L | 4.2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STHE | T ADDRESS | | | | |
| CITY-ST-ZIP | | Philip Co. Co. | 4.4 GITs | | | | Change | ☐ Addition |
| ſĭĬĿ€ | | DELETE | 5 1 [[[]] | | | L | Change | Addition |
| NAME | | | 5.2 NAM | ELADORESS | | | | |
| STREET ADDRESS | | | 5 3 STHE 5 4 C-TY | | | | | |
| CITY-ST-Z:P TITLE | | DELETE | 6 1 TI'U | | 0000018 | 7798 | Change | Addition |
| NAME | | - | | 1 | COOPERS | 344 014 | . — | |
| t | | | 6.2 NAM | · | -06/27/9601 | N44014 | ì | |
| STREET ADDRESS | | | | ET ADDRESS | -06/27/9601 ***225.00 | U44014 | | . לא |

14. 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 further certify that the information indicated on this annual report or supplemental annual report is frue 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 12 or Block 23 if digniged or on an attacturant with an address.

SIGNATURE: