

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005830 (4)**

1. Corporation Name

MT INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

% JOHN W. SHAFFER
14566 MANDOLIN DR.
ORLANDO FL 32837
US

% JOHN W. SHAFFER
14566 MANDOLIN DR
ORLANDO FL 32837
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFFER, JOHN W
14566 MANDOLIN DR
ORLANDO FL 32837

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and board of directors

Date of Filing Agent Signature (Typed Name and Date)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

P
NAME SHAFFER, JOHN W
STREET ADDRESS 14566 MANDOLIN DR
CITY-ST-ZIP ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

VP
NAME SHAFFER, PATRICIA A
STREET ADDRESS 14566 MANDOLIN DR
CITY-ST-ZIP ORLANDO FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

C
NAME MADDEN, JOHN J
STREET ADDRESS 46 DEVONSHIRE RD.
CITY-ST-ZIP WABAN MA

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

000001877980
-06/27/96--01044--014
***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (12/95)