**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 # **F95000000580 (9)**

1. Corporation Name

**MTK LIMITED COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 1500 CORDOVA RD.<br>SUITE 206<br>FT. LAUDERDALE FL 33316 | 1500 CORDOVA RD.<br>SUITE 206<br>FT. LAUDERDALE FL 33316 |

3. Date Incorporated or Qualified: **02/02/1995** | 3a. Date of Last Report:

4. FEI Number: **65-0512110** | ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Electronic Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 P O Box 21520 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 Ft. LAUDERDALE, FL |
| Zip 24 / Country 25 | Zip 29 33335 / Country 30 US |

9. Name and Address of Current Registered Agent

**EHMKE, DANIEL**
**621 S. FEDERAL HIGHWAY**
**SUITE 9**
**FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the address of the registered agent, as changed, will be identical. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MARGRETH KOGEMAN M. Koglman DATE: 2-5-96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PSD | ☐ DELETE |
| NAME | KOGEMAN, MARGRETH | |
| STREET ADDRESS | 1500 CORDOVA RD. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | |
| TITLE | VT | ☐ DELETE |
| NAME | KOGEMAN, STEFAN | |
| STREET ADDRESS | 1500 CORDOVA RD. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | | ☐ Change ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | |
| 9 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

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14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 if changed, or on an attached report with an X before it.

**SIGNATURE:** Margreth Kogeman 2-5-96 9547648559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone