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**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H17049

(8)

MRT ENTERPRISES, INC.

FILED Apr 28 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 1715 RIDGEWOOD AVE 1715 RIDGEWOOD AVE HOLLY HILL FL 82117 HOLLY HILL FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/17/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2439809 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the surrent year Intangible Yes □Ño Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent TRACEY, GEORGE 800 RIVEROAK W. 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 64 City 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or proted hamiliot registered agent and title diapposable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1,1 TITLE Change TITLE ESIDENT TRACEY, GEORGE NAME 1.2 NAME 800 RIVEROAK W. STREET ADDRESS 1,3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 1.4 CiTY - ST - 7iP Change □ DELETE Addition TITLE 2.1 TITLE TRACEY, GEORGE NAME 2.2 NAME MURIEL 800 RIVEROAK W. STREET ADDRESS 2.3 STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP ☐ DELETE Change \_\_\_ Addition TITLE 4.1 TOTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 altachment with an address.