


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am
Secretary of State

| | | | |
|---|--|---|---------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J90798 (6) 1. Corporation Name MTS ASSOCIATES, INC. | | | |
| Principal Place of Business 12002 MICHAELSON WAY WEST JACKSONVILLE FL 32223 US | | Mailing Address 12002 MICHAELSON WAY WEST JACKSONVILLE FL 32223 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 | 28 | Country |
| 24 | Country | 29 | Zip |
| 9. Name and Address of Current Registered Agent HOLLOWAY, TIMOTHY F. 12002 MICHAELSON WAY WEST JACKSONVILLE FL 32223 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | FL | |
| 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD HOLLOWAY, TIMOTHY F. 12002 MICHAELSON WAY WEST JACKSONVILLE FL | 1.1 TITLE | Change Addition |
| NAME | SD ENG, CHOO HAU 1065 MARBLEHEAD DR. JACKSONVILLE FL | 1.2 NAME | Change Addition |
| STREET ADDRESS | D JONES, CHAD 11086 WANDERING OAKS DR. JACKSONVILLE FL | 1.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | TD HANSEL, KEVIN 4720 FOX CHASE DR WHITE LAKE MI | 1.4 CITY-ST-ZIP | Change Addition |
| TITLE | D ADAM-HANSEL, GAIL 4720 FOX CHASE DR WHITE LAKE MI | 2.1 TITLE | Change Addition |
| NAME | D THIBEDORE, GILBERT W. 1715 BRENTWOOD TERRACE NASHVILLE TN | 2.2 NAME | Change Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | Change Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | Change Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | Change Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | Change Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Change Addition |

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 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 attachment with an address.

SIGNATURE:

[Signature]

01/12/1997 804 260 0078

CR2E034 (10/97)