

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:07

DOCUMENT # K08732

(5)

1. Corporation Name

MTTC ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**433 PLAZA REAL
335
BOCA RATON FL 33432
US**

Mailing Address

**433 PLAZA REAL
335
BOCA RATON FL 33432
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FCI Number

22-2863758

Applied For

Not Applicable

22. State of Incorporation

22

27. State of Incorporation

27

5. Certificate of Status: Cleared ☐

**\$8.75 Additional
Fee Required**

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. City

25. City

29. City

30. City

8. This corporation has liability for obligations to creditors ☐ Yes ☒ No
Family Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE & CASE
200 S BISCAYNE BLVD
MIAMI FL 33131**

81. Name

82. Street Address of New Registered Agent

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation named in this statement for the purpose of changing its registered office, hereby do hereby certify that the facts stated herein are true and correct, and that the appointment of the registered agent is proper, and that the corporation is in compliance with the provisions of the Florida Statutes.

Signature

12. Name and Address of Registered Agent

**PD
CROCKER, THOMAS J
433 PLAZA REAL STE 335
BOCA RATON FL
T
ONISKO, ROBERT
433 PLAZA REAL STE 335
BOCA RATON FL
VS
ACKERMAN, RICHARD
433 PLAZA REAL STE 335
BOCA RATON FL**

13. Additional Changes to be Made to the Report

1. Name ☐ Change ☐ Add New
2. Address ☐ Change ☐ Add New
3. City ☐ Change ☐ Add New
4. State ☐ Change ☐ Add New
5. Zip Code ☐ Change ☐ Add New
6. Name ☐ Change ☐ Add New
7. Address ☐ Change ☐ Add New
8. City ☐ Change ☐ Add New
9. State ☐ Change ☐ Add New
10. Zip Code ☐ Change ☐ Add New
11. Name ☐ Change ☐ Add New
12. Address ☐ Change ☐ Add New
13. City ☐ Change ☐ Add New
14. State ☐ Change ☐ Add New
15. Zip Code ☐ Change ☐ Add New
16. Name ☐ Change ☐ Add New
17. Address ☐ Change ☐ Add New
18. City ☐ Change ☐ Add New
19. State ☐ Change ☐ Add New
20. Zip Code ☐ Change ☐ Add New

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SIGNATURE:

[Signature]

ROBERT E. ONISKO

4/22/95 (707) 895-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER IN OR OUT OF STATE