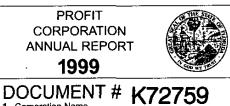
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90112 034 ***150.00

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MTPE	INTERPRISES, INC.							
Principal Place	e of Business	Mailing Address				a cadimist Atl 18610 (cac) sovat artin cast a	dii aleri alâli 840	
866 SOUTH GO ORLANDO FL 3	DLDENROD ROAD	866 SOUTH GOLDENROD RO ORLANDO FL 32822	DAD					
ONG INDO 12 C	, cocc					DO NOT WRITE IN T	HIS SPACE	
						Date Incorporated or Qualifed 03/15/1989		_
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2475132		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27			-			Required
City & State	e	City & State			_	6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year		_
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registe	red Agent	
	VES, TOM		L		Name	s (P.O. Box Number is Not Acceptable)		
	SOUTH GOLDENROD RD		°	' '	Sileel Addres	is (F.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32822		8	33				
			8	34 (City		=L 85 Zi	p Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inorized 🛭	oy tno	named corpor e corporation	ation submits this statement for the purpos is board of directors. I hereby accept the a	e of changing opointment as	its registered registered
SIGNATURE		TOTAL VIEW VIEW CONTROL			ignature required w	then reinstatung) DATE	·	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	gent si	ignature required w	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	PD	DELETE	1.1 TITLE			ADDITIONO FILATOLO TO OTTTOCK	☐ Chang	
NAME	REEVES, TOM		1.2 NAME					_
STREET ADDRESS	1530 CASA RIO DRIVE		1.3 STRE		nnæess			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-					
TITLE	VSD						Chang	e Addition
NAME	SCHWIER, PAMELA		2.2 NAM	Ε				
STREET ADDRESS	766 GRAND PASEO DRIVE		2.3 STRE		DORESS			
CITY-ST-ZIP	001 4100 0			2.4 CITY-ST-ZIP				
TITLE	01100012	☐ DELETE	3.1 TITLE				Chang	e Addition
NAME			3.2 NAME	E				
STREET ADDRESS			3.3 STRE		DDRESS			
CITY-ST-ZIP			3 4. CITY					
TITLE -		☐ DELETE	4.1 TITLE				☐ Chang	e Addition
NAME			4. 2 NAM	Æ				
STREET ADDRESS			4.3 STRE		DORESS			
CITY-ST-ZIP			4,4 CITY	-ST-Z	ZIP			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 seport 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 of 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, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

Change

Addition

Addition

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