SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT # 1. Corporation Name M.T.D., INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(9)

FILED Sep 22 1997 8:00am Secretary of State

| Principal Place | e of Business | Mailing Address | iling Address | | | | | | II OFBII IN H |
|---|---|---|-------------------------|-----------------|---|---|-------------------------|----------------------------|---------------------------|
| 8295 SW 92 ST 5781 SW 11TH ST. MIAMI FL 33158 | | 8295 SW 92 ST 5761 SW 11TH ST. MIAMI FL 33156 | | | DO NOT WRITE | 2 21HT IA | PACE | | |
| US | | US | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
| | | | | | | 03/15/1989 | 06/11/1996 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | 65-0166164 | | No | ot Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & State | 9 | City & State | "" ' | | | 6. Election Campaign Financing | | | May Be |
| Zip | Country | 28 | Cou | intry | | Trust Fund Contribution | <u> </u> | Added | |
| ZIP 24 | 25 | 29 | 30 | niu y | | This corporation owes or has paid Personal Property Tax due June 3 | _ | | tangibie No |
| | 9. Name and Address of Curren | | [30] | Γ''' | - · · · · · · · · · · · · · · · · · | 10. Name and Address of New Reg | | | |
| SEL | F, THOMAS D., SR. | | | 81 | Name | | | | |
| 829 | 5 SW 92 ST | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable | 2) | | |
| MLA | MI FL 33156 | | | 02 | Street Add | ress (P.O. Box Number is Not Acceptable | a) | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | | les Zin | Code |
| | | | | 04 | City | | FL | 85 Zip (| code |
| office or re agent. I as SIGNATURE | egistered agent, or both, in the State in familiar with, and accept the obligation Stonature, typed or printed name of registered agen | of Florida. Such change was a stions of, Section 607,0505, Flo | authorize orida Stal | d by tutes | the corporal | poration submits this statement for the pution's board of directors. I hereby accept | the appo | intment as | registered |
| 12. | OFFICERS AND | | 13. | 2 140 | ili signatoro regor | ADDITIONS/CHANGES TO OFFICE | | DIRECTOR | 3S IN 12 |
| TITLE | VO | DELETE | 1.171 | TLE | | 7,551116116/67/24102013 011101 | | Change | ☐ Addition |
| NAME | ENGEL, MARK W. | | 1.2 N | AME | | | | - | |
| STREET ADDRESS | 5761 S.W. 11TH ST. | | 1.3 \$1 | rreet | ADDRESS | | | | |
| CITY-ST-ZIP | WEST MIAMI FL | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | PD | DELETE | 2.1 TI | Tl.E | į | | | Change | Addition |
| NAME | SELF, THOMAS D., SR. | | 2.2 N | 2.2 NAME | | | | | |
| STREET ADDRESS | 5761 S.W. 11TH ST. | | 2.3 STREET AD | | ADDRESS | | | | |
| CITY-ST-ZIP | WEST MIAMI FL | | _ | CITY-ST-ZIP | | | | | |
| TITLE | KRANZ, DAVID D. | ☐ DELETE | | 1.1 TITLE | | | | Change | Addition |
| NAME | 8262 S.W. 91ST ST. | | 3.2 N | | | | | | |
| STREET ADDRESS | MIAMI FL | | | | ADDRESS | | | | |
| CITY-ST-ZIP | 1119 0440 1 % | ☐ DELETE | 3.4 C | | IT-ZIP | | | Change | Addition |
| TITLE Name | | En occut | 4.1 II 4.2 N | | | | , | vialite | raunion |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | INEE I | | | | | |
| TITLE | | DELFTE | 5.1 TI | | 1-20 | | | Change | Addition |
| NAME | | | 5.2 N | | | | | _ • | |
| STREET ADDRESS | | | 5.3 \$1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-S | T- ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TI | TLE | | | | Change | ☐ Addition |
| NAME | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | | | 6.3 ST | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | TY-S | | | | | |
| informatio I am an of | by certify that the information supplied indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 if changed, or | upplemental annual report is t the receiver or trustee empow | rue and a vered to e | exec exec | mption state irate and tha ute this repo | d in Section 119.07(3)(i), Florida Statutes timy signature shall have the same legal rit as required by Chapter 607, Florida St | ettect as atutes: an | it made und d that my r | ider bath; that i name |