

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L02778** (3)

1. Corporation Name

MTT ENTERPRISES INC.



Principal Place of Business

Mailing Address

%DONALD E. LONZE
853 BUENAVENTURA BLVD
KISSIMMEE FL 34743
US

%DONALD E. LONZE
853 BUENAVENTURA BLVD
KISSIMMEE FL 34743
US

3. Date Incorporated or Qualified
07/18/1989

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3746 Spear Point Dr**

22 City & State

27 **Orlando FL**

23 Zip Country

28 **32837** **Orange**

4. FEI Number

59-2958495

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONZE, DONALD E.
853 BUENAVENTURA BLVD
KISSIMMEE FL 34743

81 Name **Lonze, Donald E.**

82 Street Address (P.O. Box Number is Not Acceptable)
3746 Spear Point Dr.

83

84 City **Orlando**

FL

85 Zip Code **32837**

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

TITLE ☐ DELETE
NAME **D LONZE, DONALD E.**
STREET ADDRESS **853 BUENAVENTURA BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE
NAME **D LONZE, DIANE**
STREET ADDRESS **853 BUENAVENTURA BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3746 Spear Point Dr.**
1.4 CITY-ST-ZIP **Orlando FL 32837**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3746 Spear Point Drive**
2.4 CITY-ST-ZIP **Orlando FL 32837**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **400001792194**
5.4 CITY-ST-ZIP **-04/24/96--01021--010**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP *****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)