FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:44

DOCUMENT # **L66850** **(3)**

1. Corporation Name
CMT HOLDINGS, INC.

Principal Place of Business	Mailing Address
ATT E KLEMENTS 19353 US HWY 19 N. S100 CLEARWATER FL 34624 US	ATTN E KLEMENTS P O BOX 6800 CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1990	03/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-3003107** ☐ 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
~~HIGGINS, JOHN P~~ ~~100 SECOND AVENUE SOUTH STREET~~ ~~12TH FLOOR~~ ~~ST. PETERSBURG FL 33701~~	81 Name: Morris A. LeCompte 82 Street Address (P.O. Box Number Is Not Acceptable): 100 Second Avenue South 83: City Center - 12th Floor 84 City: St. Petersburg FL 85 Zip Code: 33701

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 Morris A. LeCompte — Morris A. LeCompte — 2/25/95
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	11 TITLE		☐ Change ☐ Addition
NAME	COPE, RICHARD W.	12 NAME		
STREET ADDRESS	19353 US HWY 19 N S100	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MUELLER, JAMES G.	22 NAME		
STREET ADDRESS	2101 W. COMMERCIAL BLVD. #4000	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	ASD	31 TITLE	DS	☒ Change ☐ Addition
NAME	TOOKE, EDWIN C.	32 NAME		
STREET ADDRESS	19353 US HWY 19 N S100	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	TAS	41 TITLE		☐ Change ☐ Addition
NAME	STICCO, LEWIS A	42 NAME		
STREET ADDRESS	19353 US HWY 19 N S100	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: L. A. Sticco — Lewis A. Sticco — 4/6/95 — 813/538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370071 CP