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

1. Corporation Name

CMT HOLDINGS, INC.

Principal Place of Business

ATT E KLEMENTS
19353 US HWY 19 N. S100
CLEARWATER FL 34624
US

Mailing Address

ATTN E KLEMENTS
P O BOX 6600
CLEARWATER FL 34618
US

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **04/20/1990**

3a. Date of Last Report: **04/11/1995**

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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

MORRIS A LECOMPTE
100 SECOND AVENUE SOUTH
CITY CENTE 12TH FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COPE, RICHARD W.	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ DELETE
NAME	MUELLER, JAMES G.	
STREET ADDRESS	[illegible]	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	TOOKE, EDWIN C.	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TAS	☐ DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	7100W. Commercial Blvd.	
2.4 CITY-ST-ZIP	33319	
3.1 TITLE	AT	☐ 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		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: S. A. Sticco Lewis A. Sticco 4-5-96 813/538-5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)