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FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 6800
CLEARWATER FL 34618-6800
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
04/20/1990

3a. Date of Last Report
04/09/1996

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

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

Jill Fisher Powers-Esquire

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

19353 US 19 N.

83

84 City Suite 100

Clearwater

FL

85 Zip Code

34624

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 Jill Fisher Powers-Esquire

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/97

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 7100 W. COMMERCIAL BLVD.
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE AT ☐ 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

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: Lewis A. Sticco 2/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 538-5468

Daytime Phone

CR2E034 (9/96)