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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

ATTN E KLEMENTS
P O BOX 6800
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/20/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip 33764 Country		28 Zip 33758 Country		59-3003107	
24		29		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER POWERS, JILL E
19353 US N.
SUITE 100
CLEARWATER FL 34624

33764

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

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	NAME	1.1 TITLE	1.2 NAME
PD	COPE, RICHARD W.		
19353 US HWY 19 N S100		1.3 STREET ADDRESS	
CLEARWATER FL		1.4 CITY - ST - ZIP	33764
VD	MUELLER, JAMES G.	2.1 TITLE	
7100 W. COMMERCIAL BLVD.		2.2 NAME	
FT. LAUDERDALE FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	33319
DS	TOOKE, EDWIN C.	3.1 TITLE	
19353 US HWY N S100		3.2 NAME	
CLEARWATER FL		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	33764
TAS	STICCO, LEWIS A	4.1 TITLE	
19353 US HWY 19 N S100		4.2 NAME	
CLEARWATER FL		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	33764
		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	

14. I 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: *Lew A Sticco* *April 1998* *93153854169*

CR2E034 (10/97)