ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company M.T.E., L.C. 2165 W ATLANTIC AVE DELRAY BEACH FL 33445 Principal Place of Business Address 2165 W ATLANTIC AVE DELRAY BEACH FL 33445 Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add	LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
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21.65 W ATLANTIC AVE DELRAY BEACH FL 33445 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Mailing Address 26. Surfe, Apt #, etc. 27. Name and Address of Current Registered Agent 27. Name and Address of Current Registered Agent 28. Name and Address of New Registered Agent 29. Name 21.65 W ATLANTIC AVE 22.65 W ATLANTIC AVE 22.65 W ATLANTIC AVE 22.65 W ATLANTIC AVE 24.65 W ATLANTIC AVE 25.65 W ATLANTIC AVE 26. Passard to the provision of a Scalar of Florida State change was authorized by altimation vote of a majority of the nembers. The table accept the application as registered agent, and accept the application as registered agent, and accept the application as a registered agent agent as a registered agent as a registe	Name and Maili of Limited Liabi	ng Address ity Company DOCI	JMEN1	# L950000	00945						
DELRAY BEACH FL 33445 3. Date Organized or Quasilised as State of Formation 12/07/1995 FL A FEI Rundoor A	M.T.	E., L.C.				1a. Principal Plac	e of Business /	Address			
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Surie, Apt. #, etc. Surie, Apt. #, etc. Cry & State Country Applied FC Surie Apt. #, etc. Cry & State Country Applied FC So Date of Least Report D5/05/1998 6. Cectrif-case of Status Dec 1372 Solitonal year Required TSTKIS, EUGENE 2165 W ATLANTIC AVE BELRAY BEACH FL 33445 Surie, Apt. #, etc. City Zip Code City Laptic Country Total Address of New Registered Agent/Office Surie, Apt. #, etc. City Laptic Country Typ Code Surie, Apt. #, etc. City Laptic Code Surie, Apt. #, etc. City Laptic Code DELRAY BEACH FL 33445 Surie, Apt. #, etc. City Laptic Code DELRAY BEACH FL Suries, Apt. #, etc. City Laptic Code DELRAY BEACH FL Suries, Apt. #, etc. City Laptic Code DELRAY BEACH FL Suries, Apt. #, etc. City Laptic Code DELRAY BEACH FL Suries, Address, (P.O. Box Number is Not Acceptable) Laptic Code DELRAY BEACH FL Suries, Apt. #, etc. City Laptic Code DELRAY BEACH FL Aptic Code Laptic Code DELRAY BEACH FL Laptic Code Lap	Principal Place	of Business	2a. Mail	ing Address	- 	1 7		3a. State	of Formation		
Applied Fc	Suite, Apt. #, etc.		Suite, Ar	Suite Apt # etc			1		FL		
To Country Country Co	City & State						65-0640000		Applied For		
7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 8. Name and Address of New Registered AgentOffice 7. SIKIS, EUGENE 2.165 W ATLIANTIC AVE DBLIRAY BEACH FL 3.3445 Street Address (P.G. Box Number is Not Acceptable) Suffer. Apt #, etc. City Typ Code Delivation of Sections 608 416 and 608 506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of chain its registered agent, or both, in the State of Florida Such change was authorized by afternative vote of a majority of the members. Hereby accept the appoint as registered agent, and accept the obligations. SIGNATURE DELIRAY BEACH FL 1. Title Managing Members Managers Business Street Address City, State and Zip Code NGRM TSTKIS, EUGENE 2.165 W ATLANTIC AVE DELRAY BEACH FL 4. Title Title Type Type Type Type Type Type Type Typ			City & St						Not Applicable		
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TSIKIS, EUGENE 2165 W ATLANTIC AVE BEACH FL 33445 Street Address (P.O. Box Number is Not Acceptable) Surfe. Apr. #, etc. City FL Zp Code FL Zp Code FL Zp Code FL In the provisions of Sections 608 416 and 608 508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of chan its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appoint as registered agent, and accept the obligations. SIGNATURE DESCRIPTION OF STATES AGENT	.ip	Country	Zip	Cour	ntry		·				
Name 2165 W ATLANTIC AVE BEACH FL 33445 Suite. Apr #, etc. City FL Zip Code FL Z		Name and Address of Curren	at Begistered	Agent		l — — — — —	1990				
1. Title Managing Members/Managers Business Street Address City, State and Zip Code NGRM TSIKIS, EUGENE 2165 W ATLANTIC AVE DELRAY BEACH FL 1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes Hurther certify that the informational report is true and applicate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager or mitted flability company or the receiver or ty fusite-empty soft is occur the tirs report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or controlled.	s registered office	or registered agent, or both, in t			Florida Statutes, the above-named limited liability			FL wildy company submits this statement for the purpose of changing			
NGRM TSTKIS, EUGENE 2165 W ATLANTIC AVE DELRAY BEACH FL *****188.75 *****186 11 Ido 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 thurther certify that the informatical do in this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a managing member or manager or mitted liability company or the receiver or <u>fulsive-emptive</u> for execute this report as required by Chaptor 608, Florida Statutes, and that my name appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> for execute this report as required by Chaptor 608, Florida Statutes, and that my name appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> for execute this report as required by Chaptor 608, Florida Statutes, and that my name appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> or execute this report as required by Chaptor 608, Florida Statutes, and that my name appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> appears in Block 10, or company or the receiver or <u>fulsive-emptive</u> appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or company or the full that my name appears in Block 10, or comp	SIGNATURE	(Bog sored Agen) Accept	nj Apparelingstj. (Nijir Brasien (Appells joar	the territory typical territory district	()	ATE _				
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SIGNATURE: (7/6/) EUGENE TSIKIS MANAGER 3/6/99 561 278-						_ _					