

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:10

DOCUMENT # P30473 (3)

1. Corporation Name

MMT SALES, INC.

Principal Place of Business

**150 EAST 52ND STREET
NEW YORK NY 10022**

Mailing Address

**150 EAST 52ND STREET
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1990

3a. Date of Last Report

08/23/1994

4. FBI Number

13-3576819

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD
NAME	OKEN, JACK
STREET ADDRESS	140 ROSEVILLE ROAD
CITY - ST - ZIP	WESTPORT CT
TITLE	PV
NAME	LIZZO, CHARLES A.
STREET ADDRESS	91 ELM STREET
CITY - ST - ZIP	NEW ROCHELLE NY
TITLE	VP
NAME	MITCHEL, BRUCE
STREET ADDRESS	34 REGENCY DR.
CITY - ST - ZIP	NORWALK CT 06820
TITLE	SV
NAME	WHITE, DOLORES
STREET ADDRESS	20 CONTINENTAL AVE., #3S
CITY - ST - ZIP	FOREST HILLS NY
TITLE	VP
NAME	GORMAN, DONALD J.
STREET ADDRESS	21 OVERBROOK LANE
CITY - ST - ZIP	DARIEN CT
TITLE	VP
NAME	PLEGER, DAVID J
STREET ADDRESS	363 E. 78TH ST. #4B
CITY - ST - ZIP	NEW YORK NY 10021

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	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Mitchel 2/23/95 (818) 319-8208
SVP - CFO