

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 # **P93000000059**

1. Corporation Name

MTJ COMPANY

Principal Place of Business

1101 BRICKELL AVE.
SUITE 1700
MIAMI, FL 33131
US

Mailing Address

1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131
US

3. Date Incorporated or Qualified

12/30/92

3a. Date of Last Report

9/19/95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0391206

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

10. Name and Address of New Registered Agent

SCHMITZ, JOHN W.
1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FLORIDA 33131

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 ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSD
SCHMITZ, JOHN W.
1101 BRICKELL AVE. SUITE 1700
MIAMI, FL 33131
TD
SCHMITZ, THOMAS F.
8026 VANTAGE DR., SUITE 109
SAN ANTONIO, TX 78230
D
SCHMITZ, MICHAEL D.
1310 WILD ROSE LANE
LAKE FOREST, IL 60045

1. 1 TITLE ☐ Change ☐ Addition
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 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

600001744996
-03/15/96--01078--025
***200.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)