

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017629 (5)**

1. Corporation Name
THE MTA CORPORATION

Principal Place of Business Mailing Address
**19623 BACK NINE DR.
BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/09/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0400743** 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 2a. Mailing Address
21 State, Apt. # etc. 26 State, Apt. # etc.
22 City, & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WICHINSKY, GLENN E
1200 N. FEDERAL HWY.
SUITE 200
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, ANNE L	12 NAME	
STREET ADDRESS	19623 BACK NINE DRIVE	13 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33498	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, E. RICHARD	22 NAME	
STREET ADDRESS	19623 BACK NINE DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33498	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Section 119.071(9)(a), Florida Statutes. I further certify that the information included 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. 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 a checkmark.

SIGNATURE: *E. Richard Michaelson* E. RICHARD MICHAELSON
4/25/95 (407) 852-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED

CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

495/11/11/17

DOCUMENT # **P93000018166 (7)**

1. Corporation Name

21ST CENTURY LABORATORIES, INC.

Principal Place of Business

**4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

Mailing Address

**4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

05/01/1994

4. FET Number

65-0400355

Applied For

Not Applicable

5. Certificate of Status (Required)

**\$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 adoption tax under 519PFC
Florida Statutes Yes No

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Locality

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Locality

30

9. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is best Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 609 and 610, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to residential 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 provisions of Sections 609 and 610, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS

12.1	D	
NAME	SNYDER, STEVEN P	
STREET ADDRESS	2445 W 12 ST	
CITY	TEMPE AZ 85281	
STATE		
ZIP		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP		

13.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 609(2)(b), Florida Statutes. I further certify that the information is not false in this annual report or supplemental annual report as filed and is capable and that the registrant shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or its owner or holding corporation to make up this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an amendment with its address.

SIGNATURE:

Steven Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 MAY 1995 602-966-8201