**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000023184

1. Corporation Name

MMT ENTERPRISES, INC.

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Principal Plac	e of Business	Mailing Addre	SS				i (NSI) NV 110 raung zini na	ers Massa daars amerik	41000 erant eran	i instil Niki inki
7501 NW 4 ST		7501 NW 4 ST				1				
#112 #112				_			DO NOT	ADITE IN THIC	CDACE	
PLANTATION FL 33317 PLANTATION FL 33317						3 Dat	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
<b>\</b>							/25/1993			
2. Principal F	Place of Business	2a. Mailing Ad	idress		· · · · · · · · · · · · · · · · · · ·		Number		-  A	oplied For
21	ace of business	26	<b></b>				-0387803			pt Applicable
Suite, Apt.	#. elc.	Suite, Apt.	#, etc.							Additional
22		27				5. Cei	tifcate of Status Desire	d 🗆	Fee R	equired
City & Stat	te	City & Sta	te		•	6. Ele	ction Campaign Financ	ing _	\$5.00	May Be
23		28				Tru	st Fund Contribution	. لاست.	Added	to Fees
Zip	Country	Zip		Country		8. Thi	s corporation owes the	current year int		_
24	25	29	30	<u>,                                    </u>			sonal Property Tax.		Yes	No
	9. Name and Address of Curren	nt Registered Agen	rt			10. Na	me and Address of No	w Registered	Agent	
1 144	OLAUGU DED BARRY I			81	Name	MICHE	EM. Than	70200		
WACHHOLDER, BARRY L					Street A	Address (P.C.	Box Number is Not Acc			
7501 NW 4 ST						541 CP	TRRUNGTON			
	2 NTATION FL 33317			83						
FU4	MINION FE 30313			84	City 7	-/-			85 Zip	Code
					P	-Upuce	KUME_	FL		326
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Fk of Florida, Such chi	orida Statutes, anne was auth	the above orized by	ramed o	corporation sut ration's board	omits this statement for of directors. I hereby a	the purpose of coept the appoi	changing (19 ntment as re	registered gistered
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	ations of Section 60	7,6505, Florida	Statutes						•
SIGNATURE	Wichele	1911 J	longs							
12.	Signature, typed or printed name of registered age		(NOTE: Re		gignature re	steries nedw bankups	ing) ITIONS/CHANGES TO	DATE DESICEDS AN	D DIRECTO	BS IN 12
TITLE	D OFFICERS AF	ND DIRECTORS	DELETE	13. 1.1 TITLE	<del></del>	باللہ	THOMS/CIVATOES TO	OFFICENS AI	Change	☐ Addition
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STREET ADDRESS										
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				1.3 STREET	1					
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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 effective with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURÉ:

HOMATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR D

May 10, 1999 8:00 am Secretary of State

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