FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300069615 (1)

M T A MANAGEMENT CO., INC.

Secretary of State

FILED

Apr 25 1997 8:00am

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Principal Place of Business Mailing Address								(Indiadat old saind tilti natit Abite Adi	ii mäill äilin	1816 B1481 (18	INT BILL LABI
501 E. OAK STREET			501 E. OAK STREET								
SUITE F			SUITE F								
KISSIMMEE FL	34744	KISSIMM	EE FL 34744-4554	•			-	Data la companie de la Completa	19- 5-		5
								Date Incorporated or Qualified 10/01/1993	3a. Date of Last Report 04/17/1996		
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number			Applied For
			26				59-3202707 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
			27								Required
City & State			City & State				6.	Election Campaign Financing	г		May Be
23	Country	28	· ·	1 00				Trust Fund Contribution	<u> </u>		to Fees
Zip FETD	ļ	Zip					8. This corporation has liability for intangible tax Florida Statutes Yes				s. 199.032,
24	25 9. Name and Address of Curr	29 ent Registered	Agent	30	T		10	Florida Statutes Name and Address of New Re			
NAC		on negletored	Ageist		81	Name	10.	Haline allo Addides di Hen II	- Historian	ABOUT	
	iman, austin d e. oak street										
			1			Street Add	Address (P.O. Box Number is Not Acceptable)				
SUN	SIMMEE FL 34744				83	· · · · · · · · · · · · · · · · · · ·					
MISS	HMMEE FL 34/44										
					84	City				85 Zip	o Code
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office or re agent. Lai	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Su igations of, Sect	ch change was ion 607.0505, Fl	tes, the a authorize lorida Sta	d by tutes	the corpora	ation's b	poard of directors. I hereby acce	purpose of pt the app	ointment a	is registered
SIGNATURE											
	Slip atom Typed or proved name of registered i			****	d Age	nt signature requ			DATE		
12.	The same of the sa	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFI	CERS AND		
TIFLE	D ALLOTIN D		☐ DELETE	117		-				L Change	Addition
NAMÉ	Norman, Austin D 501 E. Oak Street			1.2 N		İ					
STREET ADDRESS				1.3 \$	TREET	ADDRESS					
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NAME				5.2 N		1000000					ļ
STREET ADDRESS						ADDRESS					ļ
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NAME OXIGET ASSOCIATION				62 N							
STREET ACIDRESS				635	IREET	ADDRESS					-

14. I do 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

407-932.4566