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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000029430 (3)

M.T.H., INC.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Principal Place of Business Mailing Address						') fa bija bi con color diato sator antic nacio nacio nacio))((01009)((III 49 II 149I	
1268 JACARANDA BLVD VENICE FL 34282 1268 JACARANDA BLVD VENICE FL 34282 1268 JACARANDA BLVD VENICE FL 34282									DO NOT WRITE IN THIS SPACE				
									3.	Date Incorporated or Qualified 04/15/1994			
2. Principal Place of Business 2a. Mailing Address									4, (FEI Number	Ar	plied For	
21			26							65-0489799		t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. (Certificate of Status Desired	\$8.75 / Fee Re		
City & Star	te		28	City & State						Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1		
Zip		Country		Zip	Cou	ntry			8.	This corporation owes or has paid the curren	nt year Int	angible	
24	25			29 30						Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent									10.	Name and Address of New Registered Ag	istered Agent		
CARPENTER, THOMAS A. J						81	Name	ame					
226 TAMPA AVE. WEST					- 1	82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 824						Street Address (1.0. box Hamber is Not Acceptable)							
VENICE FL 34288						83							
ACINOT LE 24500													
0						84	City	4		FLI		Code	
11. Pursuant to the provisions of Sections 607.0502 and 60x.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or troth in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am fulfillar with, and cook the obligations of Section 607.0505, Florida Statutes.											registered		
SIGNATURE (Lung / Chyplan)								re required					
12. OFFICERS AND DIRECTORS						13.			A	DDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	IS IN 12	
TITLE	D			DELETE	1.1 10	LE					Change	☐ Addition	
NAME	MAKRODIMITRAS, CHRISTOS					1.2 NAME							
STREET ADDRESS	ARRA ILEGANISTE BILING					1.3 STREET ADDRESS							
CITY-ST-ZIP	VENICE FL 34292				1.4 Cf	1.4 CITY-ST-ZIP							
TITLE	DELETE DELETE					2.1 TITLÉ					Change	Addition	
NAME	ME MAKRODIMITRAS, ANASTASIA P					2.2 NAME							
STREET ADDRESS	incompany and a second					2.3 STREET ADDRESS							
CITY-ST-ZIP	VENICE FL 34292					2. 4 CiTY-ST-ZIP							
TITLE	761106		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TIT			1			Change	Addition	
NAME				•	3.2 NA	ME							
STREET ADDRESS					1		ADDRESS						
CITY-ST-ZIP					3.4. CI								

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. If on an attachment with an address!

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

0.78.88

FILED

Mar 03 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

☐ Addition