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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400034734 (1)

M.R.T. SERVICES, INC.

STREET ADDRESS

						}			
Principal Place of Business Mailing Address					r sancials sig ratio pract and the sistence	<b>                                    </b>	. 14843 11111	8181 IBBI	
1332 QUAIL DR		1332 QUAIL DRIVE							
SARASOTA FL 34231 SARASOTA FL 34231-3558			l						
00		00			3. Date Incorporated or Qualified	3a. Date		eport	
					05/09/1994	05/01	/1996		
	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26	26		65-0488147 Not App		t Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	M	\$8.75		
22		27		G. Certificate of otatos bosited		Fee Re	quired		
I City & State		City & State	<u></u>		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	have have have have have have have have		<i>'</i>	8. This corporation has liability for intangible tay under s. 199.032,			. 199.032,	
24	25 29 30		30	Florida Statutes Yes You No  10. Name and Address of New Registered Agent					
9, Name and Address of Current Registered Agent					81, Name and Address of New Registered Agent				
	KLE, MARY E. VAN ES		101	IName					
	BEE RIDGE RD.		82	Street A	ddress (P.O. Box Number is Not Acceptal	ble)			
	E 202		83						
SAR	ASOTA FL 34233		63						
			84	City			85 Zip (	Code	
		100 1000 El 11 Ol		l		<u>FL</u>	_1		
office or	to the provisions of Sections 607.0 registered agent, or both, in the St	ibuz and 607, 1508, Fronda Statu ate of Florida. Such change was	tes, the abov authorized bi	e-named c / the corpo	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of cr pt the appoir	nanging it itment as	s registerea registered	
agent. I a	ım familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statute	s.	ŕ	. ,.			
SIGNATURE									
12.	Signature, typed or printed harne of registered	agont and title if applicable (NO AND DIRECTORS	11: Registered Ag	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CEDO AND D	IDECTOR	C IN 10	
TITLE	D	DELETE	11 IBLE		<u> </u>		Change	Addition	
NAME	THOMAS, MARILYN		1.2 NAME		MANJUN R. Cartwrid	$\wedge$ t "	J = 1.4.1.90	LLI Madrion	
STREET ADDRESS	1332 QUAIL DRIVE		1.3 STREET ADDRESS		330 OUG DR				
CITY-ST-ZIP	SARASOTA FL		1.4_CiTy - S1 - ZiP		MANIYU R. Cantwright 332 Quail DR Sangooda, Fl 312	<b>3</b> 1			
TITLE	ONVOOTATE	DELETE	2.1 TITLE		21/42000/16 219	<u> </u>	Change	T Addition	
NAME			2.2-NAME			_			
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP		•	2.4 CITY - \$1 - 21P						
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME			<u></u>	8v		
STREET ADDRESS			3.2 MAME	Annetee					
				1					
CITY-ST-ZIP			3.4. C/TY - ST - Z/P 4.1.1/T/LE			Т	Change	Addition	
NAME			DELETE 4.1 hitle			, _	_ Unango	LJ Modition	
l				1000000					
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-5	91-ZIP		<del></del>	Change	Addition	
Ļ		D pritte		-		Ŀ	→ Auguge	La ROUND(I	
NAME			5.2 NAME						
STREET ADORESS			5.3 BIRLE						
CITY-ST-ZIP	<del>""</del>	Thritze	5.4 DITY - S	ST-ZIP			Channa	Addition	
TITLE		DELETE	6.1 MILE			. L	] Change	Addition	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.