

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000067785 (3)**

1. Corporation Name

M.T. OF BROWARD, INC.



Principal Place of Business

**7538 SOUTHGATE BLVD.
NORTH LAUDERDALE FL 33068**

Mailing Address

**7538 SOUTHGATE BLVD.
NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified
09/15/1994

3a. Date of Last Report
12/06/1995

4. FCI Number

65-0537075

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 602 (b)(2) and 602 (b)(3), 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 602 (b)(3), Florida Statutes.

SIGNATURE

Name and Address of Registered Agent

Name and Address of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

TAPLEY, MATTHEW P

STREET ADDRESS

6721 NW 29TH WAY

CITY-STATE-ZIP

FT. LAUDERDALE FL 33309

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is a true and correct statement of the facts and does not qualify for the exemption stated in Section 193.03(4), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Matthew Tapley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Tapley 4-8-96 954 7249292

CR2E034 (12/95)