

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
7/3
1995

7:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083750 (7)**

Incorporation Name:
M T INVESTMENTS, INC.

Principal Place of Business
**328 D. NORTH PARK AVE.
WINTER PARK FL 32789**

Mailing Address
**328 D. NORTH PARK AVE.
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasi: **11/09/1994**
3a. Date of Last Report: **N/A**

4. FEI Number: **59-3276862**
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**

7. This corporation has liability for insurance tax under Chapter 199, Florida Statutes: Yes No

21. Principal Place of Business	2a. Mailing Address
22. State Apt. # etc	27. State Apt. # etc
23. City & State	28. City & State
24. ZIP	29. ZIP
25. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

**GEORGE, WILLIAM H
328 D, NORTH PARK AVE.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 stipulations of Sections 607.0505, Florida Statutes.

SIGNATURE

(Print name of officer or director who signed)

(Print name of registered agent who signed)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D DEVITO, MARY B 1303 GREEN COVE WINTER PARK FL 32789	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	D GEORGE, WILLIAM H 468 VIRGINIA DR. WINTER PARK FL 32789	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY & STATE		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY & STATE		8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 14 if changed, or on my appointment with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registered Agent #