

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011807 (1)

1. Corporation Name

MCT CORPORATION



Principal Place of Business

PO BOX 1311
ORLANDO FL 32802-1311

Mailing Address

PO BOX 1311
ORLANDO FL 32802-1311

2. Principal Place of Business

21 4117 Fairview Vista

Suite, Apt. #, etc.

Point

22 Suite 201

City & State

23 Orlando

Florida

24 32804

25

2a. Mailing Address

26 P. O. Box 1311

Suite, Apt. #, etc.

27 Orlando

City & State

28 Orlando, Florida

Zip

29 32802-1311

30

g. Name and Address of Current Registered Agent

THURDEKOOS, CARLOS

~~2865 MARSHFIELD CT-~~

~~ORLANDO FL 32822-~~

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

2/9/95

4. FEI Number

59-3297126

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. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

Carlos ThurdeKooS

82 Street Address (P.O. Box Number is Not Acceptable)

4117 Fairview Vista Point

83

Suite 201

84 City

Orlando

FL

85 Zip Code

32804

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

CARLOS THURDEKOOS

5/2/96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THURDEKOOS, MARIA	
STREET ADDRESS	2865 MARSHFIELD CT 4117 Fairview Vista Point	
CITY-ST-ZIP	ORLANDO FL 32822 Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THURDEKOOS, CARLOS	
STREET ADDRESS	2865 MARSHFIELD CT 4117 Fairview Vista Point	
CITY-ST-ZIP	ORLANDO FL 32822 Orlando, FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA THURDEKOOS

5/2/96

407-299-9929

Daytime Phone #

CR2E034 (12/95)