

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040118 (8)

1. Corporation Name

MLT MANAGEMENT CORP.

Principal Place of Business

Mailing Address

11963 GLENMORE DRIVE
CORAL SPRINGS FL 33071

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CORAL SPRINGS FL 33071



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 155 N.E. 1ST ST.		26 155 N.E. 1ST ST.		05/19/1995	15 me
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		4. FE Number	Applied For
23 Deerfield Beach, FL		28 Deerfield Beach, FL		65-0591555	Not Applicable
24 33441		29 33441		5. Certificate of Status Desired	
25 Broward		30 Broward		X \$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 <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**MORATIS, ROBERT J ESQ.
1310 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	12 NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	21 TITLE	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	31 TITLE	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	41 TITLE	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	51 TITLE	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	61 TITLE	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane Bloom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-596

(954) 698-9300

Date

Daytime Phone #

CR2E034 (3/96)