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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000047121 (5)

MMT TECHNOLOGIES, INC.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										JIO HOON IFDA (OO)	
12202 BIG BEND ROAD RIVERVIEW FL 33569				12202 BIG BEND ROAD RIVERVIEW FL 33569				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								06/16/1995			
· ·	lace of Busines	s	— ·	2a. Mailing Address				4. FEt Number Applied For			
21		· · · · · · · · · · · · · · · · · · ·	26					59-3317607		Not Applicable	
Sulte, Apt.	#, 6 [C.		F	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Regulred	
City & State	е	<u> </u>	City & Sta	City & State				6. Election Campaign Financing	\$5	.00 May Be	
23			28	28				Trust Fund Contribution Added to Fees			
Zip	, hand			Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25		29	l l				Personal Property Tax due June 30. Yes No			
	ę. Name an	d Address of Cu	rrent Registered Agen	· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Registered Agent			
	etcher, oth				81	Name					
	202 BIG BEND					82 Street Addr		s (P.O. Box Number is Not Acceptable	9)		
RIVERVIEW FL 33569					83						
						City		FI		Zip Code	
11 Pursuani t	to the provision	s of Sections 607	0502 and 607 1508. Flo	orida Statutes	the above	a-named	cornor	ration submits this statement for the nu		no ite registered	
11. Pursuant to the provisions of Soctions 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 agont and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
			AND DIRECTORS					ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	PD	·····		DELETE	1.1 TITLE				☐ Chai		
NAME	FLETCHER	I, OTHO N JR			1.2 NAME						
STREET ADDRESS		BEND ROAD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	RIVERVIEW	/ FL 33569			1.4 CITY - S	T-ZIP		4			
TITLE	VP/D			DELETE	2.1 TITLE		VP	/D	Char	nge Addition	
NAME		i, timothy d			2.2 NAME		,	•			
STREET ADDRESS		BEND ROAD			2.3 \$1REE1	ADDRESS					
CITY-ST-ZIP	RIVERVIEW	/ FL 33569			2.4 ČITY-S	ST-ZIP	ļ				
TITLE				DELETE	3.1 TITLE				☐ Char	nge 🔲 Addition	
NAME					3.2 NAME	i					
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP					3.4. CITY-5	31- 2 (P			·····		
TITLE			Ц	DELETE	4.1 TITLE				L Char	nge [_] Addition	
NAME					4. 2 NAME						
STREET ADORESS					4.3 STREET					i	
CITY-ST-ZIP				DELETE	4.4 CITY - S	T- ZIP					
TITLE			ш	DEL.ETE	5.1 TITLE				☐ Char	nge L Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET						
CITY-ST-ZIP				DELETE	5.4 CITY-S	T-ZIP	ļ		По	non I Addition	
TITLE			لبا	OCLETE	6.1 TITLE				Char	nge L Addition	
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET						
CITY-ST-ZIP	natification in	4	a sa de de de	-1 192 1	64 CITY-S	T-ZIP	1				

I mereby certify that the information supplied with this filling 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.