PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000047121

1. Corporation Name

MMT TECHNOLOGIES, INC.

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90143 007 \*\*\*150.00

IAIIALL 1 C	CHNOLOGIES, INC.					-					
Principal Place	of Business	Mailing Address				1	(	i astii ssiif si	Ell (BBB) (FB)B	11 <b>46</b> 1 1181 1881	
12202 BIG BEND ROAD 12202 BIG BEND ROAD							•				
RIVERVIEW FL 33569 RIVERVIEW FL 33569							DO NOT WRITE IN THIS SPACE				
						3 Date	Incorporated or Qualifed	C IIV IIIIO V	JF AGE		
							16/1995				
2. Principal Pl	ace of Business	2a, Mailing Addr	ess			4. FEI N			Apr	plied For	
21		26				59-3	3317607		Not	t Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27				5,1 C			cate of Status Desired	.□ _	\$8.75 A Fee Re		
City & State	e	City & State				6. Electi	on Campaign Financing		\$5.00	May Be	
23		28				Trust	Fund Contribution		Added to		
Zìp				intry 8. This c			corporation owes the curre			_	
24	25 29 30			<del>,</del>			onal Property Tax.			□No	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Nam	e and Address of New Re	egistered A	gent		
FLETCHER, OTHO N JR 12202 BIG BEND ROAD						ess (P.O. Box Number is Not Acceptable)					
				82	Street Addr	ess (P.U. Bo	ox Number is Not Acceptat	леј			
RIVE	RVIEW FL 33569			83			•				
				84	City	-		FL	85 Zip C		
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chan	de was authorize	d by ti	named corp he corporation	oration subn on's board of	nits this statement for the p directors. I hereby accept	urpose of o the appoin	hanging its tment as reg	registered gistered	
SIGNATURE								DATE			
40	Signature, typed or printed name of registered ager	nt and title if applicable.  ID DIRECTORS	(NOTE: Registered	<u> </u>	signature require		IONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	PD OFFICERS AN		ELETE 1.1 T			AUUII	ONS/CHANGES TO OTT	IOLINO AIN	☐ Change	Addition	
NAME	FLETCHER, OTHO N JR	<del>-</del> -		AME							
STREET ADDRESS	12202 BIG BEND ROAD		I		ADDRESS						
CITY-ST-ZIP	RIVERVIEW FL 33569			ITY-ST-						,	
TITLE				2.1 TITLE					Change	Addition	
NAME	FLETCHER, TIMOTHY D		2.2 N	AME	.						
STREET ADDRESS	12202 BIG BEND ROAD		2.3 S	TREET	ADDRESS	į					
CITY-ST-ZIP	RIVERVIEW FL 33569		2.40	CITY-ST	-ZIP	<i>*</i>	در میں صورہ اورا در میں				
TITLE			ELETE 3.1 T	ITLE				•	Change	☐ Addition	
NAME			3.2 N	IAME						İ	
STREET ADDRESS			3.3 8	TREET	ADDRESS						
			I	ner er	710		-				

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ■ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ DELETE

DELETE

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

**32E034 (11/98)** 

Change

Change

☐ Addition

☐ Addition