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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90013 010 \*\*\*150.00

## DOCUMENT # P95000091040 1. Corporation Name

MACHINE TECHNOLOGY & CONTROL, INC.

						<b>4</b>   <b>1</b>     <b>5 </b>       <b>1  1</b>   <b>5  5</b>     <b>6 </b>     <b>1  5</b>
Principal Place	e of Business	Mailing Address		3 (Mittidit ten teren atter atter	Siif PAtil Afrid (Alfil Jiell abil	1 E1511 8311 1041
1683 BEARDALI	L AVE	2571 S SPRING GARDEN AVE DELAND FL 32720				
#117 SANFORD FL 3	2771	US		DO NOT WR	ITE IN THIS SPACE	
US				3. Date Incorporated or Qualifect	Ī	,
				11/29/1995		
2. Principal P	lace of Business	2a. Mailing Address	1 1	4. FEI Number	A	pplied For
21 1683	3 Besidell Ave	26 1683 Bear	dahl Hue	2 <b>65-0635853</b>	N	ot Applicable
Suite, Apt.		Suite, Apt, #, etc.		5. Certifcate of Status Desired		Additional equired
City & State	Α	City & State		6. Election Campaign Financing	\$5.00	May Be
	FURD FL	28 SANFORD,	Country .	Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip 2277/ [	Semino k	<ol> <li>8. This corporation owes the cur</li> <li>Personal Property Tax.</li> </ol>	Tent year intangible ☐ Yes	□No
24 30	11 25 Septivore		JEMMINO K	10. Name and Address of New		
9. Name and Address of Current Registered Agent 81				10. Name and Address of New	regioteles rigorit	<del> </del>
pne.	ENTHÀL, STUART S ESQ		81 Name	S. W1/15		
404 EAST ARANTIC BLVD SUITE 101			82 Street	Address (P.O. Box Number is Not Accept	/ / / / /	0
			83	571 5.5 Phing B.	and an Ull	
POMPANO BEACH L 33000			83	, ,		
	,		84 City	DOLAND		Code 72720
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						
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 Sections 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of togistered agent a	ind title if applicable. (NOTE: Reg	istered Agent signature re		DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O		
TITLE	D	☐ DELETE	1.1 TITLE	Preside Nt	Change	☐ Addition
NAME	WILLS, YVONNIA		1.2 NAME			
STREET ADDRESS	2571 S SPRINGGARDEN AVE		1.3 STREET ADDRESS			ľ
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		(A) Channa	Addition
TITLE	D	☐ DELETE	2.1 TΠLE	Nice President	Change	
NAME	Tomko, robert		2.2 NAME C			
STREET ADDRESS	2571 S SPRING GARDEN AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL		2. 4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLÉ		☐ DELETE	3.1 TITLE		□ Change	
NAME			3.2 NAME			-
STREET ADDRESS		·	3.3 STREET ADDRESS			
CITY-ST-ZIP		- Consta	3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS		<u>,                                    </u>	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change	, La riouson
NAME			5.2 NAME 5.3 STREET ADDRESS			
STREET ARRIBESS			LANDINETH WORKERS (			I

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition