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**

DOCUMENT # P9600009844 1. Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90059 044 ***150.00

MTC EN	GINEERING, INC.								
Principal Place	e of Business	Maifing Address							
428 SHEARER BOULEVARD COCOA FL 32922 428 SHEARER BOULEVARD COCOA FL 32922						DO NOT WRI	re in this	SPACE	
						3. Date Incorporated or Qualifed 01/24/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				59-3360145		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
22 27						6. Election Campaign Financing		\$5.00	May Re
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	ry		8. This corporation owes the curre	ent year Inte	angible	
24	25	29 3	0		_	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered.	Agent	
				1	Name	•			ľ
LANG, ANTHONY				2	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
428 SHEARER BOULEVARD			_						
COCOA FL 32922			8	3					Į.
			8	4	City			85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							<u>FL</u>	shanning its	ragintared
office or ti	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norizea a	יתו אי	named corpor ie corporation	i's board of directors. I hereby accep	t the appoi	ntment as rec	pistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen OFFICERS AN		egistered Ag	ent si	ignature required v	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	PVST	DELETE	1.1 TITLE			ADDITIONO/OTIVINGES TO G.	102110711	Change	Addition
NAME				- E				_	
	ACC CLICADED BOLLIEVADO				nnpess				ĺ
STREET ADDRESS	COCOA FL 32922		1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP		1				Į.
CITY-ST-ZIP TITLE			2.1 TITLE		<u></u>		_	Change	Addition
			2.2 NAMI						_
NAME	ACC CUITADED DOLUCTIADED				DDRESS	Name of Control of Con			
STREET ADDRESS	COCOA FL 32922		2. 4 CITY						1
CITY-ST-ZIP TITLE	COCON I E 32922	☐ DELETE	3.1 TITLE		-		_	Change	☐ Addition
NAME		_	32 NAM	E					
STREET ADDRESS			3.3 STRE		DDRESS				}
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAM	Æ					Į.
STREET ADDRESS			4.3 STRE	ETAL	DORESS				
CITY-ST-ZIP			4.4 CITY		,				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			52 NAMI	E	ĺ				•
STREET ADDRESS			53 STRE	ET A	DDRESS				Į.
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAM	E					
STREET ADDRESS 6.3				ET AL	DORESS				ĺ
	1		C 4 CITY	CT 7	710				

14. 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

407-636-9480