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

FILED
Jun 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P96000024920

1. Corporation Name: MCT GROUP, INC.

Principal Place of Business: | Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/96

2. Principal Place of Business
21 1810 SABEL DRIVE
Suite, Apt. #, etc. 22
City & State 23 Deerfield Beach FL
Zip 24 33442 Country 25

2a. Mailing Address
26 1810 SABEL DRIVE
Suite, Apt. #, etc. 27
City & State 28 Deerfield Beach FL
Zip 29 33442 Country 30

4. FEI Number: 65-0705100 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Geoffrey Stockenstrom
82 Street Address (P.O. Box Number is Not Acceptable): 1810 SABEL DRIVE
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] (NOTE: Registered Agent signature required when resigning) DATE: 4/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	P V S T ☒ Change ☐ Addition
NAME		1.2 NAME	Geoffrey Stockenstrom
STREET ADDRESS		1.3 STREET ADDRESS	1810 SABEL DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002552108
STREET ADDRESS		6.3 STREET ADDRESS	-06/09/98--01015--015
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

PL 6.8

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 [illegible] with an address.

SIGNATURE: [signature] 4/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (10/97)