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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000025688

1. Corporation Name

MTC COMPLITED CEDVICES INC

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SUITE 113 SUITE 113								
WESTON FL 33326 WESTON FL 33326 US US					DO NOT WRITE IN THIS SPACE			
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						Registered	Agent	
		8	1 Name					
RILAWYER CHARTERED			2 21	11. (D.O. D N	sharia Nat Assaul	toble)		
ALMERIA AVENUE		82	Street	Address (P.U. Box Nui	fiber is Not Accept	lable)		
VAL GABLES FL 33134		8:	3			.		
		L					11	<u> </u>
		84	4 City			FL	85 ZIP	Code
to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the abou	ve-named	l corporation submits the	s statement for the	nurnose of	changing its	registered gistered
egistered agent or both in the Sta	ate of Florida. Such change was al digations of, Section 607.0505, Flor	uthorized by ida Statute	y the com	required when reinstating)	tors. I nereby acce	purpose of ppt the appoin	changing its ntment as re	gistered
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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 attagnment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

954-384-0717