

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

FILED
Apr 27 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 # P96000040543 (6)

1. Corporation Name

MCT'S INTL., INC.



Principal Place of Business

Mailing Address

C/O PATRICIA C. MANLEY
341 DOVER COURT EAST
SAFETY HARBOR FL 34695

C/O PATRICIA C. MANLEY
341 DOVER COURT EAST
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

59-3376028

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

2. Principal Place of Business

21 3471 McMullen Blvd

Suite, Apt. #, etc.

22 #9

City & State

23 Clwr. 71.

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 3471 McMullen Blvd

Suite, Apt. #, etc.

27 #9

City & State

28 Clwr 71.

Zip

29 34619

Country

30 USA

9. Name and Address of Current Registered Agent

MANLEY, PATRICIA C
341 DOVER COURT EAST
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name Patricia C. Manley

82 Street Address (P.O. Box Number is Not Acceptable)

83 333 DOVER CT. E.

84

City Safety Harbor FL

85 Zip Code

34695

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, Section 607.0505, Florida Statutes.

SIGNATURE

Patricia C. Manley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MANLEY, PATRICIA C
STREET ADDRESS 341 DOVER COURT EAST
CITY-ST-ZIP SAFETY HARBOR FL 34695

☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 333 DOVER CTE.

1.4 CITY-ST-ZIP SAFETY HARBOR 71. 34695

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Patricia C. Manley

4-15-98 013797-1118

CR2E034 (10/97)