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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007361

M.T.W., Inc.

					1		
Principal Pla	ce of Business	Mailing Address					
3621 US Highway 19 PO Box 1266 New Port Richey, FL Palm Harbor, FL 34652-6258 US 34682-1266 US							
		Palm Harbor.	RI.		DO NOT WRITE IN THIS SPACE		
		•	•		3. Date Incorporated or Qualified		
		34002-1200 00		01/21/97			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	· · · · · · · · · · · · · · · · ·		59-3426750	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curr		
24	25	29	30		_]Yes □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	\gent	
A	. v. i		8	1 Name			
	Aron Kedan		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	Cypress Trace			1			
Tarp	oon Springs, FL 346	89-8524	6	3			
			8	4 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 607,1508, Florida Sla	itutes. The abo	ve-named corr	poration submits this statement for the nurness of	changing its registered	
office or i	registered agent, or both, in the State am familia, with, and accept the oblig	e of Florida. Such change wa	as authorized b	by the corporat	tion's board of directors. I hereby accept the appo	intment as registered	
*		Aron K			nt/Director 2/9/98		
SIGNATURE	Signatur (gica or protest nation for recent and	entand Standapprecable (N	VOTE Registered A	FTESTUE	nt/Director 2/9/98 od when reinstating: DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	ĎΡ	☐ DELETE	1.1 TITLE			Change Addition	
NAME	Aron Kedan		1.2 NAM				
STREET ADDRESS	223 Cypress Trace		1.3 STRE	FT ADDRESS			
CITY-ST-ZIP	Tarpon Springs, I		1.4 City	ST-ZIP			
TITLE	DS	☐ DELETE	21 TITLE			☐ Change ☐ Addition	
NAME	Scott D. Welch		2.2 NAM				
STREET ADORESS	1934 Downing Place Palm Harbor, FL	ee		1 ADDRESS			
CITY-ST-ZIP	rarm narbor, FL	T policie	2 4 CITY	-ST-ZIP			
TITLE	{	☐ DELETE	3 1 TI7LE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE	SI - ZIP		☐ Change ☐ Addition	
NAME		iii biii ii	4 1 IIILE 4 2 NAM		'	Li Change Li Addition	
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			4.3 STREE 4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	21-7IP		Change Addition	
NAME			5.2 NAME		•	- Company	
STREET ADDRESS				T ADDRESS		/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY - SI - 7/P			5.4 City.			' <i>' ' ' ' ' ' ' ' ' '</i>	

14. Thereby 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 supplicitiontal 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.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Doos Wild

Scott D. Welch

2/9/98

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813-784-4350

FILED

Mar 11 1998 8:00am

Secretary of State

18/01) #01271