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

**FILED PROFIT** Mar 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** P97000049363 (9) DOCUMENT # MPTC ENTERPRISES, INC. Principal Place of Business Mailing Address 5804 N PLUM BAY PARKWAY 5804 N PLUM BAY PARKWAY TAMARAC FL 33321 TAMARAÇ FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-076131 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPERDUTI, NANCY 5804 N PLUM BAY PARKWAY Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 83 84 Zip Code 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. 3/23/18 Nan y & Signature Typed or profed name of region SIGNATURE agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT DELETE Change Addition TITLE 1.1 TITLE SPERDUTI, NANCY NAME 1.2 NAME 5804 N PLUM BAY PARKWAY STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 CATY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chaged, or on an attachment with an address.

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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