## 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 # P97000084031 (8)

M.T. ENGINEERING, INC.

## **FILED** Apr 07 1998 8:00am Secretary of State



		·			
Principal Place of Business Mailing Address					ine inice minit duride erede iche ebat
1901 NE 41	ih street Beach Fl 33080	1901 NE 4TH STREET POMPANO BEACH FL	99000		
10	DENOTITE SACO	FUMENITU DENOIT FL	33000	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/29/1997	
<del></del>	flace of Business	2a, Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc		Cuito Aut II etc		65-0789861	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	HOMAS, MICHAEL		81 Name		
	901 NE 4TH STREET OMPANO BEACH FL 33060		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
r	OMPANO BEACH PL 33000		B3	***************************************	
			<b>84</b> City	F	85 Zip Code
12.	Signature, typed or printed name of registrated as	en indute Espitable (NOT ID DIRECTORS	E: Registered Agent signature re 13.	equired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	· 
12.	OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS A	
NAME	THOMAS, MICHAEL	☐ DEL€TE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1901 NE 4TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330	30	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>		2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		<b>—</b>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-5T-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Fig. c.t/r	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME Street address			6.2 NAME		
CITY-ST-ZIP			6 3 STREET ADDRESS		
	ertify that the information supplied w	all this filing those not qualify for	64 CITY-ST-ZIP	in Section 119 07/3Vi) Florida Statutes I further	portify that the information

indicated on this arrival report or supplied with this fining does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this arrival report or supplemental arrival 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: