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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P97000087172

1. Corporation Name

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90117 004 ***150.00

MPTM C	ORPORATION			
Principal Plac	e of Business	Mailing Address		
	OAD 84 WEST STE 303	8220 STATE ROAD FT LAUDERDALE FE		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 10/08/1997
2. Principal P	lace of Business	2a. Mailing Addres	s _ H	4. FEI Number Applied For
21 10 %	29 SW 595	7 26 10229	Sw.59'Z	77 65-0792642 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	lc.	5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat	0 = 4 5	Atty & State	0	6. Election Campaign Financing \$5.00 May Be
23 00/	per. CITY FLA Country U.S.A	· 28 COOPEY.	Country US.	Trust Fund Contribution Added to Fees
Zip			Country US.	8. This corporation owes the current year Intangible
24 <u>333</u>			3. 30 BROWA	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ant Kegistered Agent	81 Name	11 MAN P
MO	/, PETER		[]	* MOY. PETER.
1005D CIN 40 CT 82 Street A				Address (P.Q. Box Number is Not Acceptable)
	PER CITY EL 33330		83	0229 SW SY STREET.
,	7. 2.1. 61. 7. 2. 66666		83	_
			84 City	ODDER CITY FL 85 Zip Code 33328.
Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida		
office or r	egistered agent, or both, in the Stat on familiar with, and accept the oblid	e of Florida, Such change rations of Section 607 05	was authorized by the corpo 05. Florida Statutes.	conforation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
1	-total	11/04	. ,	3 · 25 99.
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signature r	equired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.12
TITLE	D	☐ DELI	TE 1,1 TITLE	MOY PETER. Change Addition
NAME	MOY, PETER		1.2 NAME	10219 SW59 ST.
STREET ADDRESS	12259 SW-49 CT		1.3 STREET ADDRESS	C 3=0 C=1
CITY-ST-ZIP	COOPER CITY FL 33330		1.4 CITY-ST-ZIP	Cooper. City. FL. 33328.
TITLE	Q ,	☐ DELI	ETE 2.1 TITLE	COOPER. CITY. FL. 33328. MOY. THERESE. M. Change Addition A
NAME	MOY, THERESE M	•	2.2 NAME	10229 SW 59 KST.
STREET ADDRESS	12259 SW 49_CT		2.3 STREET ADDRESS	0
CITY-ST-ZIP.	COOPER CITY FL 38330		2. 4 C/TY-ST-ZIP	COOPER CITY FC 33328.
TITLE		☐ DELI	ETE 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	_	☐ DELI	ETE 4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELI		☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS	}		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELI	ETE 6.1 πτ.Ε	☐ Change ☐ Addition
NAME			6.2 NAME	
ET ADDRESS			6.3 STREET ADDRESS	
OT ZID			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR