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Secretary of State

04-01-1999 90117 004 \*\*\*150.00



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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                                 |  |
| DOCUMENT # P97000087172   |  |   |  |
| 1. Corporation Name<br>MPTM CORPORATION   |  |   |  |
| Principal Place of Business<br>8220 STATE ROAD 84 WEST STE 303<br>FT LAUDERDALE FL 32026  |  | Mailing Address<br>8220 STATE ROAD 84 WEST STE 303<br>FT LAUDERDALE FL 32026  |  |
| 2. Principal Place of Business<br>21 10229 SW 59 <sup>th</sup> ST<br>Suite, Apt. #, etc.<br>22  |  | 2a. Mailing Address<br>26 10229 SW 59 <sup>th</sup> ST<br>Suite, Apt. #, etc.<br>27   |  |
| City & State<br>23 Cooper City FLA<br>Zip<br>24 33328   |  | City & State<br>28 Cooper City FLA<br>Zip<br>29 33328   |  |
| Country USA   |  | Country USA   |  |
| 30 BROWARD  |  | 30 BROWARD  |  |
| 9. Name and Address of Current Registered Agent<br>MOY, PETER<br>12259 SW 49 CT<br>COOPER CITY FL 33330   |  |   |  |
| 10. Name and Address of New Registered Agent<br>81 Name MOY, PETER<br>82 Street Address (P.O. Box Number is Not Acceptable) 10229 SW 59 <sup>th</sup> STREET<br>83<br>84 City COOPER CITY FL 85 Zip Code 33328  |  |   |  |
| 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 <i>Peter Moy</i> 3.25.99.<br>(NOTE: Registered Agent signature required when reinstating)   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |
| TITLE D<br>NAME MOY, PETER<br>STREET ADDRESS 12259 SW 49 CT<br>CITY-ST-ZIP COOPER CITY FL 33330   |  | 1.1 TITLE<br>1.2 NAME MOY, PETER<br>1.3 STREET ADDRESS 10229 SW 59 <sup>th</sup> ST.<br>1.4 CITY-ST-ZIP COOPER CITY, FL 33328     |  |
| TITLE D<br>NAME MOY, THERESE M<br>STREET ADDRESS 12259 SW 49 CT<br>CITY-ST-ZIP COOPER CITY FL 33330   |  | 2.1 TITLE<br>2.2 NAME MOY, THERESE M.<br>2.3 STREET ADDRESS 10229 SW 59 <sup>th</sup> ST.<br>2.4 CITY-ST-ZIP COOPER CITY FL 33328 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter Moy* 3/25/99.  
Date Daytime Phone #

CR2E034 (1/1/98)