

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 033 ***150.00

DOCUMENT # P98000088030

1. Corporation Name

M.T. MAINTENANCE, INC.



Principal Place of Business

1801 S DIXIE HWY LOT 241
POMPANO BEACH FL 33060

Mailing Address

1801 S DIXIE HWY LOT 241
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0878254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J SCOTT GUNN PA
2455 E SUNRISE BLVD STE 905
FT LAUDERDALE FL 33304

81 Name

MICHAEL BRAULT

82 Street Address (P.O. Box Number is Not Acceptable)

7800 W. OAKLAND PARK BLVD.

83

BLDG. "G"

84 City

SYMMER, FL

FL

85 Zip Code

33307

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.

SIGNATURE Michael Bault

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL BRAULT

(NOTE: Registered Agent signature required when reinstating)

8/11/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS THERIAULT, MARCEL
CITY-ST-ZIP 1801 S DIXIE HWY LOT 241
POMPANO BEACH FL 33060

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS VACHON, CAROL
CITY-ST-ZIP 1801 S DIXIE HWY LOT 241
POMPANO BEACH FL 33060

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-99: 754785-6139

Date

Daytime Phone #

CR2E034 (5/99)

P98000088030
605850-90001-33

August 11, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: M.T. Maintenance, Inc.
P98000088030
1999 Annual Report

Dear Revenue Agent,

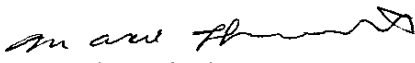
Please find enclosed the signed annual report along with a check for \$150.

Please note that I never received the 1st report and this is my first year to pay this fee. This is my first company and I had no idea I had to pay this. I ask that you please waive the penalty.

I promise I will pay the future reports on time.

Thank you for your understanding in this matter.

Yours truly,


Marcel Theriault
President