

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:41

DOCUMENT # V55819

(9)

1. Corporation Name

MTLC MANAGEMENT CORP.

Principal Place of Business

Mailing Address

100 S. ANCHORAGE DR.
NORTH PALM BEACH FL 33408
US

100 S. ANCHORAGE DRIVE
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1992

3a. Date of Last Report

04/06/1994

4. FEI Number

APPLIED FOR 65-0349424

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 has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MOORE, BECKY B.
MOORE, ELLRICH, P.A.
4400 PGA BLVD., SUITE 400
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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 officer 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

Signature typed or printed name of registered agent or officer

Signature typed or printed name of registered agent or officer

Date

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	STOUGH, LAURIL LYNN
STREET ADDRESS	291 HIGHWAY #24
CITY, ST, ZIP	MONTEVALLO AL
TITLE	VP
NAME	HILL, TAMARA JO
STREET ADDRESS	103 S ANCHORAGE DR
CITY, ST, ZIP	NORTH PALM BEACH FL
TITLE	S
NAME	HILL, CONNIE SUE
STREET ADDRESS	103 S ANCHORAGE DR
CITY, ST, ZIP	NORTH PALM BEACH FL
TITLE	AS
NAME	HILL, PEGGY
STREET ADDRESS	103 S ANCHORAGE DR
CITY, ST, ZIP	NORTH PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.072, Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

TAMARA JO HILL
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/20/95

407 848-9606