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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 29 1996 8:00 am  
Secretary of State

DOCUMENT # **V55819** (9)

1. Corporation Name

**MTLC MANAGEMENT CORP.**



Principal Place of Business

**103 S. ANCHORAGE DR.  
NORTH PALM BEACH FL 33408  
US**

Mailing Address

**103 S. ANCHORAGE DRIVE  
NORTH PALM BEACH FL 33408  
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

(Type, print or printed name of registered agent and use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE  
NAME **STOUGH, LAURIL LYNN**  
STREET ADDRESS **291 HIGHWAY #24**  
CITY-STATE-ZIP **MONTEVALLO AL**

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

TITLE **VP** ☐ DELETE  
NAME **HILL, TAMARA JO**  
STREET ADDRESS **103 S ANCHORAGE DR**  
CITY-STATE-ZIP **NORTH PALM BEACH FL**

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

TITLE **S** ☐ DELETE  
NAME **HILL, CONNIE SUE**  
STREET ADDRESS **103 S ANCHORAGE DR**  
CITY-STATE-ZIP **NORTH PALM BEACH FL**

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

TITLE **AS** ☐ DELETE  
NAME **HILL, PEGGY**  
STREET ADDRESS **103 S ANCHORAGE DR**  
CITY-STATE-ZIP **NORTH PALM BEACH FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 119.07(3)(k), 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:

**PEGGY HILL, ASST. SECRETARY** 2/26/96 (407) 848-9606

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)