FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L02193 (5)

1. Corporation Name

MATTEO INTERNATIONAL, INC.

Principal Place of Business
940 COUNTRY CLUB BLVD
CAPE CORAL FL 33990
US

Mailing Address
940 COUNTRY CLUB BLVD
CAPE CORAL FL 33990
US

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0141698 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

LUKITSCH, ANNE
940 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

10. **Name and Address of New Registered Agent**

81 Name: Joseph Trunkett
82 Street Address (P.O. Box Number is Not Acceptable): 4425 SW 2nd Ave
83
84 City: Cape Coral FL 85 Zip Code 33914

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 Joseph Trunkett President 4/25/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TRUNKETT, JOSEPH	
STREET ADDRESS	4425 S.W. 2ND AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VSTD	☐ DELETE
NAME	LUKITSCH, ANNE	
STREET ADDRESS	612 S.E. 2ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	☐ DELETE
NAME	MARTIN, JOSE	
STREET ADDRESS	1101 S.E. 15TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	☐ DELETE
NAME	HOLMLUND, TONI	
STREET ADDRESS	4425 S.W. 2ND AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	☐ DELETE
NAME	BETHEL, LAURA	
STREET ADDRESS	4318 SW 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Joseph Trunkett Joseph Trunkett (941) 772-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR