FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025408

J. MICHAEL MATTHEWS, P.A.

FILED Feb 22, 1999 8:00 am Secretary of State

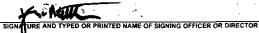
02-22-1999 90014 021 ***150.00



Principal Place	e of Business	Mailing Address				40 44115 :	188: B1111 B1811	88181 1811 1881	
813 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714		813 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32	813 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/17/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-3501933		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional	
22		27						equired	
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the curre	ant year Inta		□No	
24	25		30		Personal Property Tax. 10. Name and Address of New R		Yes Agent		
	9. Name and Address of Curre	ent Registered Agent		11 Name	10. Name and Address of New N	egistereu /	- yent		
וווח	IN, RAMSEY		`						
	SOUTH ORANGE AVENUE		[8	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
	E 1090		.	13					
3011	ANDO FL 32801		ľ	13					
, ONL	711DO I E 32001		1	4 City		FL	85 Zip	Code	
•					poration submits this statement for the				
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statut	es.	on's board of directors. I hereby accep		· 		
	Signature, typed or printed name of registered ag			gent signature require	ed when reinstating) ADD:TIONS/CHANGES TO OFI	DATE EICEDS AN	D DIRECT	OPS IN 12	
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	☐ Addition	
TITLE	D		l l				¢nango	<u></u>	
NAME	MATTHEWS, J M		1,2 NAM						
STREET ADDRESS	690 DOMERICK DRIVE			EET ADDRESS					
CITY-ST-ZIP	MAITLAND FL 32751	☐ DELETE	2.1 TITL	-ST-ZIP			Change	☐ Additio	
TITLE									
NAME			2 2 NAM					٠.	
STREET ADDRESS			l l	EET ADDRESS	•		-		
CITY-ST-ZIP		DELETE	_	/-ST-ZIP -			☐ Change	☐ Additio	
TITLE			3.1 TITL				S.i.s.igo		
NAME			3.2 NAM	Y					
STREET ADDRESS			i i	EET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.1 TITL	r-ST-ZIP			Change	Additio	
TITLE					•				
NAME			4. 2 NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL				☐ Change	☐ Additio	
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NAME				EET ADDRESS					
STREET ADDRESS				-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITL				☐ Change	Additio	
TITLE		[_] DELETE	6.2 NAM						
NAME			1						
STREET ADDRESS			1	EET ADDRES\$					
CITY OT 710			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, with all other like empowered.





1/6/99

407-682-4021