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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F98000005733

1. Corporation Name

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90032 010 \*\*\*150.00

OHGANIC	C MATTERS, INC.								<b>.</b>
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Principal Place of Business Mailing Address  871 SPRINGDALE ROAD. NE ATLANTA GA 30306 ATLANTA GA 30306  Mailing Address  871 SPRINGDALE ROAD. NE ATLANTA GA 30306						DO NOT WRITE	1 SILIT IAI	DACE	
						3. Date Incorporated or Qualifed	111100	- AUL	
					_	10/14/1998			
2. Principal Pi	lace of Business	2a. Mailing Address				4, FEI Number			pplied For
21		26			-	58-2391267			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ב		Additional equired
22		27 City & State	_			A Flatin Committee Financian			<del></del>
City & Stat	.e	City & State	<u></u>			6. Election Campaign Financing Trust Fund Contribution	3 -		.May.Be
<b>Zip</b>	Country	Zip	Cou	intry		8. This corporation owes the current	vear Intan		/
24	25	29	30	,		Personal Property Tax.		Yes	t2No
	9. Name and Address of Curren		100	ſ		10. Name and Address of New Reg	istered Ag	gent	
		<u> </u>		81	Name				
	PORATION SERVICE COMPANY			82	Street Addr	ess (P.O. Box Number is Not Acceptable	)		
	HAYS STREET AHASSEE FL 32301-2525			83					
** 10	3 11 10022 12 0100 1 1010								
				84	City		FL	85 Zip	Code
. 11. Pursuant	to the provisions of Sections 607.050	z ang 607. 1506, Florida Sia	tutes, the a	DUVE	named corp	oration submits this statement for the pur	ne appoint	nent as r	egistered
office or r agent. I a SIGNATURE						on's board of directors. I hereby accept the			
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered			d when reinstating)	DATE		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN			i Agent s			DATE ERS AND		
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

D404-378-4826

Daytime Phone #

;R2E034 (11/98)