

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 177862

**Entity Name:** MATTIS INSURANCE INC.

**Current Principal Place of Business:**

800 CORPORATE DRIVE  
SUITE 220  
FT. LAUDERDALE, FL 33334

**Current Mailing Address:**

P O BOX 9328  
FORT LAUDERDALE, FL 33310 US

**FEI Number:** 59-0710054

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RINALDI, LISA  
800 CORPORATE DRIVE  
SUITE 220  
FORT LAUDERDALE, FL 33334 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	VP	Title	P
Name	RINALDI, RAYMOND	Name	RINALDI, LISA
Address	10500 NW 20TH COURT	Address	10500 NW 20TH COURT
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA RINALDI

**PRESIDENT**

**01/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date