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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90149 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 116835

1. Corporation Name

MATHER OF FORT LAUDERDALE, INC.

Principal Place of Business

**2611 N ST RD 7
FORT LAUDERDALE FL 33313
US**

Mailing Address

**1333 AVE DE PS TOROS
WINTER SPRINGS FL 32708
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1928

4. FEI Number

59-0359395

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

**BROWER, NORMAN
2000 NW 13TH STREET
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JONES, MARCIA E**
STREET ADDRESS **205 WILDFLOWER CT.**
CITY-ST-ZIP **HUNTSVILLE AL**

TITLE **ST** ☐ DELETE
NAME **BROWER, CYNTHIA A.**
STREET ADDRESS **1333 AVE DE LOS TOROS**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **V** ☐ DELETE
NAME **ERICKSON, SHANE**
STREET ADDRESS **11901 N.W. 18TH CT.**
CITY-ST-ZIP **PLANTATION FL**

TITLE **PDST** ☐ DELETE
NAME **BROWER, NORMAN**
STREET ADDRESS **2000 NW 13TH STREET**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **V** ☐ DELETE
NAME **BROWER, NORMAN A**
STREET ADDRESS **2105 FOSGATE AVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☒ DELETE
NAME **BROWER, CARL**
STREET ADDRESS **1333 AVE DE LOS TOROS**
CITY-ST-ZIP **WINTER SPRINGS FL**

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

VD
BROWER, CARL L.
1333 AVE DE LOS TOROS
WINTER SPRINGS FL

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: **Norman Brower**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN BROWER 2-23-99 352-563-5063
Date Daytime Phone #

CR2E034 (11/98)