## 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 # 536016

MATTHEW-MICHAEL INTERIORS, INC.

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

03-22-1999 90108 008 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					I HORING OFFICE BUILD BUILD BUILD BURN	#1817 B1811 #1817 I	iten minn ten	
1161 S.W. 74TH TERRACE		1161 S.W. 74TH TERRACE					•			
PLANTATION FL 33317		PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE				
								SPACE		ı
							3. Date Incorporated or Qualifed	مير سار مسا		
	and the second of the second o						4. FEI Number	1 1 4 5	plied For	
2. Principal Place of Business		<u> </u>	2a. Mailing Address					<b>├</b> ─- <del> </del>	t Applicable	l
21]			26				59-1754199	\$8.75		
Suite, Apt. #, etc.		····	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re		
22			27 City & State				a Significant Committee Significant		·	
City & State		- <b>├</b> ── `	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	· · · · · · · · · · · · · · · · · · ·	
23	Country	28 Zip		Cou	ntrv		This corporation owes the current year In		01000	
Zip		_ <del> </del>	١	30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre	29		30			10. Name and Address of New Registered			1
<del> </del>	5. Name and Address of Curre	int itegiatorea i			81	Name				
LITV	/in, Herb									ł
1161 S.W. 74TH TERRACE PLANTATION FL 33317					82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
					83					
								· , , ,		
					84	City	FI	85 Zip (	Code	
44 Duminost	to the provisions of Sections 607.05	02 and 607 150	8 Florida Statute	s the al	hove	-named corn	poration submits this statement for the purpose of	f changing its	registered	
office or r	egistered agent, or both, in the Stat	e of Florida. Suc	ch change was at	ıthorized	l by t	he corporation	on's board of directors. I hereby accept the appo	ointment as re	gistered	İ
agent. I a	m familiar with, and accept the oblig	gations of, Section	on 607.0505, Flor	ida Statu	utes.					
SIGNATURE			hote.	Decistored	Azont	signatura saguira	d when reinstating) DATE		1	_
12.	Signature, typed or printed name of registered ag	ND DIRECTOR		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	Q
TITLE	PD	UID BIILEGIGIA	☐ DELETE	1.1 TIT	île.		*	☐ Change	☐ Addition	7
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NAME						ADDRESS			İ	Š
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14. I hereby certify that the information supplied with this king 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, of on an attacoment with an address, with all other like empowered.

SIGNATURE: