

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

FILED

Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90018 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # 686791

1. Corporation Name

MATTERN WHOLESALE FLORISTS, INC.

Principal Place of Business

1215 ATLANTA AVE  
ORLANDO FL 32806  
US

Mailing Address

1215 ATLANTA AVE  
ORLANDO FL 32806  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

09/08/1980

4. FEI Number

59-2021130

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTERN, LARRY  
1039 DELK RD  
LONGWOOD FL 32779

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 |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | DP                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTERN, WILLIAM        | 1.2 NAME  |   |
| STREET ADDRESS             | 1215 ATLANTA AVE        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTERN, JEAN A         | 2.2 NAME  |   |
| STREET ADDRESS             | 1227 SALERNO CT.        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO, FL 00000       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTERN, TINA           | 3.2 NAME  |   |
| STREET ADDRESS             | 1215 ATLANTA AVE        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTERN, LARRY (SECOND) | 4.2 NAME  |   |
| STREET ADDRESS             | 1039 DELK ROAD          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LONGWOOD FL             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 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.

SIGNATURE:

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 407-423-7033

CR2E034 (11/98)