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

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997			ry of State CORPORATIONS	Secreta	ry of S	tate
	MENT # F4		(3)				
MATHIAS	AND COMPANY	, INC.			E SERVICE THAT BACK HONE PARE AREA AREA CO.	i 1948an ântar Dhark Bhahl Def	ili kik ili 101)
Principal Place	o Business		Mailing Address				AIIHIII
1223 LOWINDES P.O.BOX 4097 MINTER PARK F			3223 LOWNDES DR. P.O.BOX 4097 WINTER PARK FL 32783-4097				
			***************************************	•••	3. Date Incorporated or Qualified 08/25/1981	3a. Date of Last 04/26/1996	•
2. Principal Pl	ace of Business		2a. Mailing Address		4. FEI Number		Applied For
<u> </u>		2		·····	59-2119891		Vot Applicabl
Suite, Apt. i	#, etc	2	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		2	City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Cauntr	у	Zip	Country	8. This corporation has liability for		
4	9. Name and Addre	2 as of Current Re		30	10. Name and Address of New Ro		
			g	81 Name		<u> </u>	
	HLAS, MONTY F BIXEENMEADOW AV	E		20 0000	/S O D N - 1 Ala A	L La	
	LAND FL 32751	5		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
MAC I	DINO PL SEISI			83			
				B4 City		FL 85 Zir	p Code
RICHARDIS	Standard types or prented name			orida Statutes. E. Regislered Agent signature r	corporation submits this statement for the oration's board of directors. I hereby accessoring the state of t	DATE DATE	
12.		FFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	PRS IN 12
ITLE	DP		DELETE	1.1 TITLE		☐ Change	Additio
AME	MATHIAS, MONTY			1.2 NAME			
IRELT ADORESS	853 GREENMEADO			1.3 STREET ADDRESS			
STY-ST-ZIP	MATTLAND, FL 000	00	Delete	1.4 CITY - ST - ZIP		THE ALL I	<u> </u>
TALE	D		☐ DELETE	2.1 TIFLE		Change	Additio
NAME	KASAVAGE, WILLIA			2 2 NAME			
STREET ACCRESS	\$323 LOWNDES DI			2 3 STREET ADDRESS			
DITY - ST - ZIP HTLE	WINTER PK, FL 00	WU	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
AME	}			3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
City-St-ZiP				3.4. CITY-ST-ZIP			
ITLE			DELETE	4.1 TITLE		☐ Change	Additi
NAME	1			4. 2 NAME			
STREET ADORESS				4.3 STREET ADDRESS			
CHY-ST-20P				4.4 CITY - ST - ZIP			·····
TILE	1		☐ DELETE	51 TITLE		☐ Change	e 🗀 Additi
NAME				52 NAME			
STHEFT ADORESS				53 STREET ADDRESS			
CHTY - \$1 - ZIP			Incier	5.4 CITY - ST - ZIP		☐ Change	A A A A SEC.
Hick	1		☐ DELETE	61 TITLE		L_j change	e [_] Additio
NAME	1			6.2 NAME			

6.4 CITY - ST - ZIP CITY-S1-7IP 14. I do 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 information information information information in 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.

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE:

FILED

Apr 14 1997 8:00am