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

PROFIT **CORPORATION**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998		Socretary of State DIVISION OF CORPORATIONS				Secretary of State	
	MENT # F4191	0	(3)					
MATHIA	S AND COMPANY, INC.							
Principal Place	e of Business	Mailing	y Address					
3223 LOWNDES DR. P.O.BOX 4097 WINTER PARK FL 32793		3223 LOWNDES DR. P.O.BOX 4097 WINTER PARK FL 32793					DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	-
2. Principal Pi	ace of Business	2a. Ma	iling Address			_	08/25/1981 4. FEI Number Applied For	-
21		26	··· 1				59-2119891 Not Applicab	e
Suite, Apt. 22	H, etc.	27 Sui	Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		1 1	City & State				Election Campaign Financing \$5.00 May Be	\exists
Z ip	Country	7g	7(p) Co				Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	ᅱ
24	25	29	_ ├─¬ '				Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registere	d Agent				10. Name and Address of New Registered Agent	コ
	HIAS, MONTY F				81	Name		1
	GREENMEADOW AVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)	٦
MAI	TLAND FL 32751			ŀ	83	·		┥
				ļ	B4			_
*			E			City	FL 85 Zip Code	
office or re	o the provisions of Sections 667.05 ogistered agent, or both, in the Stat n familiar with, and accept the obli	a of Douds 1	Such obsesses was r	udhorizod	d boo	the corners	orporation submits this statement for the purpose of changing its registerer ation's board of directors. I hereby accept the appointment as registered	1
	Signature, typed or puniod name of equipment a				Agen	nt signature requ	pulsed when reinstaling) DATE	\dashv
TITLE	OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\vdash	
NAME	AAA STANIA AAAA ASTANIA III			1.2 NAME				
STREET ADDRESS	653 GREENMEADOW AVE				1.3 STREET ADDRESS			
CITY - ST - ZIP	MAITLAND, FL 00000				1.4 CITY - ST - ZIP			_
TITLE	D LI DELETE			2 1 TITLE		LI Change LI Addilio	٩	
NAME	KASAVAGE, WILLIAM J				2 2 NAME			
STREET ADDRESS	8323 LOWNDES DR WINTER PK, FL 00000				2 3 STREET ADDRESS 2 4 CHY-ST-7IP			
CITY-ST-ZIP TITLE	MINICH PA, FL 00000			3.1 111		1-7P	Change Addition	<u>_</u>
NAME				3 2 NA		{		ĺ
STREET ADDRESS				3.3 S1	REET A	ADDRESS		
CITY-ST-7IP		·		3.4. CI	3.4. CITY-ST-2IP			╝
TITLE			DELETE	4.1]]			☐ Change ☐ Addition	n
NAME				4 2 N				
STREET ADDRESS				E .		ADDRESS		1
CFTY+\$1-ZIP	-21P				4.4 CITY - S1 - ZIP 5 1 TITL€		Change Addition	긁
NAME			Las officie	5.2 NA			E Auturge E Auturit	-
STREET ADDRESS						ADDRESS		1
CITY+S1-ZIP				5400				
TITLE			DELETE	61 TIT			Change Addition	ᆏ
NAME				6.2 NA	ME			1

14. Thereby certify that the information supplied with this filling 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 five 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 13 if changed, or on any attachment an address.

6 3 STREET ADDRESS

STREET ADDRESS

FILED

Jun 04 1998 8:00am