PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # **F41910**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90068 013 ***150.00

MATHIAS	AND COMPANY, INC.							
Principal Place of Business Mailing Address						1881/88 151 91801 1505 1881 1881 41811 41811 41811 41811	.e.: \$1\$11 }\$\$!	
3223 LOWNDES DR. 3223 LOWNDES DR.							•	
P.O.BOX 4097 P.O.BOX 4097 WINTER PARK FL 32793 WINTER PARK FL 32793						DO NOT WRITE IN THIS SPACE		
WINTER PARK FL 32/93 WINTER PARK FL 32/33						3. Date Incorporated or Qualifed		
						08/25/1981		
2. Principal Pl	ace of Business	2a. Mailing Address					plied For	
21		26					t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬			5. Certificate of Status Desired Fee Re		
City & State	City & State	y & State			6. Election Campaign Financing 5.00	May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes	□No	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent		
MATI	HIAS, MONTY F			•	1421116			
653 GREENMEADOW AVE				82	2 Street Address (P.O. Box Number is Not Acceptable)			
MAITLAND FL 32751				83				
					L			
				84	City	FL 85 Zip C	Code	
11 Pursuant	to the provisions of Sections 607 050:	2 and 607 1508 Florida Statut	es. the al	bove	e-named co	corporation submits this statement for the numose of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was a	uthorizea	I DY I	tne corpora	ration's board of directors. I hereby accept the appointment as re-	gistered	
SIGNATURE		ANOTE AND	0	A a a a	t alamatura ma	quired when reinstating) DATE	\	
12.	3		13,	Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	DP STREETS AIT			1.1 TITLE		☐ Change	Addition	
NAME	MATHIAS, MONTY F		12 NAME		ì			
STREET ADDRESS			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	111 THE 11 TO 60000		14 CF	TY-S1	r-zip			
TITLE			2.1 TIT	TLE		Change	☐ Addition	
NAME			2.2 N	ME				
STREET ADDRESS	3323 LOWNDES DR			REET	ADDRESS	•		
CITY-ST-ZIP	WINTER PK, FL 00000		2, 4 CITY-		T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 N	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI		T-ZIP	50	□ Addition	
TITLE		☐ DELETE	4 1 TITLE		1	Change	☐ Addition	
NAME			4.2 N		1		}	
STREET ADDRESS			- 1		ADDRESS			
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE		T-ZIP	Change	Addition	
TITLE			5.1 TH 5.2 N			Citango		
NAME					ADDRESS			
STREET ADDRESS			5.4 CI		- 1			
CITY-ST-ZIP TITLE		DELETE	6.1 TI			☐ Change	Addition	
		_ beerie	6.2 NA				_	
NAME					ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP