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 # F9400000786

MATADOR CAPITAL MANAGEMENT CORPORATION

,,,,,,,,,,,							
Principal Place	of Business	Mailing Address			t 185 (186 till alen sam adul adul		
200 FIRST AVE.	, N.	200 FIRST AVE., N.					
206 206 OX PETEROPURO SI 207/04					DO NOT WRITE IN	THIS SPACE	Ξ
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US US					3. Date Incorporated or Qualifed		
03		;			02/16/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	300 a, Basin.	26	_ (59-3214108		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Status Desired Fee Required		
22 Suite 203 27 Suite 203							
City & State		City & State	_		6. Election Campaign Financing	•	.00 May Be
23		28			Trust Fund Contribution	Ad	ided to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the current year	_	_
24	25	29 3	<u>o </u>		Personal Property Tax.	☐ Yes	s
	9. Name and Address of Curre	ent Registered Agent	81	Nome	10. Name and Address of New Registe	rea Agent	
CUB	PORATION SERVICE COMPAN	ı v	"	Name			
1201 HAYS ST.				2 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301							
1766	AIIAGGEE I C 02001		83				
			84	City		FL 85	Zip Code
		1007 4500 51 11 01 14	Ab - ab av		proporation submits this statement for the purpor		na its registered
agent. I at	agistered agent, or both, in the Statem familiar with, and accept the obligations of registered a Signature, typod or printed name of registered a	gations of, Section 607.0505, Florid	a Statutes		ation's board of directors. I hereby accept the a	TE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE			⊡ Ch	ange
NAME	BERG, JEFFREY A		1.2 NAME		N 5 7	202	
STREET ADDRESS	200 FIRST AVENUE N 206		1.3 STREE	T ADDRESS	200 First Ave N, Suite	203	
CITY-ST-ZIP	ST PETERSBURG FL .		1.4 CITY-S	T-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE			⊡ rch:	ange Addition
NAME	WRIGHT, WILLIAM	ية بن مسعدة ما ين	2.2 NAME			7 23	. 2
STREET ADDRESS	200 FIRST AVE N 206		2.3 STREE	T ADDRESS	200 First Ave N, Si	ire 20	5
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3,1 TITLE	-		∐ Ch	ange
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>		Addisina
TITLE		☐ DELETE	4.1 TITLE			□ Ch	ange Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP			anna DAddie
TITLE		☐ DELETE	5.1 TITLE			Ch	ange
NAME			5.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
1 700 5	I	□ nelete	B.1 TITLE	1		□Ch	ange

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 suppliemental 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 impowered 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 the receiver or trustee in address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 030 ***300.00