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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G54186

RICHARD MATZ DESIGN ASSOCIATES, INCORPORATED

Principal Place	e of Business		Mailing Address											
901 DOUGLAS AVENUE		9	901 DOUGLAS AVENUE											
SUITE 201			SUITE 201					DO NOT WIDITE IN THIS SPACE						
ALTAMONTE SPRINGS FL 32714		1	ALTAMONTE SPRINGS FL 32714					DO NOT WRITE IN THIS SPACE						
US		ŧ	US					Date Incorpo		ualifed				
								<u> 38/15/198</u>	3				,	
2. Principal Pl	ace of Business	_2	2a. Mailing Address					El Number				<u> </u>	+ • •	lied For
21		20	6					5 9-23279	53				Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.0	Certifcate of	Status Das	ired				fditional
22		27	7				J	Dertinodic Or				Fe	e Req	uired
City & State			City & State				6. E	Election Can	npaign Fina	ıncing		\$ 5.	. 00 м	/lay Be
23		28	8					Trust Fund (Contribution		<u></u>	Ad	ded to	Fees
Zip	Country		Zip	Cou	intry		8. 7	This corpora	tion owes t	he curre	nt year Int	angible	_	_
24	25	29	9	30				Personal Pro	 			Yes		□No
1	9. Name and Address	of Current Rec	gistered Agent				10. I	Name and	Address of	New R	gistered	Agent		
					81	Name								
MATZ, RICHARD C., AIA						Street	Street Address (P.O. Box Number is Not Acco					-		
901	Douglas avenue					Succi	nuores (r .v	O. DOX 144111	DO: 15 11017	tooopto.	,,,,			
SUITE 201														
ALTA	AMONTE SPRINGS FL 3	32714												
					84	City					FL	85	Zip Co	ode
11 Pureuant	to the provisions of Section	ns 607 0502 and	d 607 1508 Florida Statu	tes, the a	bove	-named	corporation	submits this	statement	for the p	urnose of	changir	ıg its r	egistered
office or r	enistered agent or both in	n the State of Flo	orida. Such change was a	iuthorized	d by f	the corpo	oration's boa	ard of directo	rs. I hereb	y accept	the appoi	ntment a	as regi	istered
agent. I a	m familiar with, and accept	t the obligations	of, Section 607.0505, Flo	orida Stat	utes.									
agent. I ai	m familiar with, and accept		of, Section 607.0505, Fig	orida Stat	utes.		equired when rein	nstation)			DATE			
agent. I ai	m familiar with, and accept	registered agent and ti	title if applicable (NOTE	E: Registered	utes.		equired when reli		CHANGES	TO OFF		ID DIRE	CTOF	RS IN 12
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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: