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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J51768

(6)

MATT FRANK F.C.I., INC.

Mailing Address

4700 80 PINE AVE

Principal Place of Business

2680 SE 80 STR

FILED May 01 1997 8:00am Secretary of State



US		US							
						3. Date Incorporated or Qualified 01/14/1987		to of Last F 3/1996	Report
<i>^ / ^</i> / <i>^</i> / <i>/</i>	Place of Business	2a. Mailing Addres	s			4. FEI Number			pplied For
21 7600	0 SE 80 57	26				59-2762240			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	lc.			5. Certificate of Status Desired		T	Additional lequired
City & Stat	LA FL	City & State				Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip 24 3 44	80 Country 25 MarioN	7ip	— ¬	untry		This corporation has liability for in Florida Statutes	n angible (Yes		s. 199.032,
24 3 YY	9. Name and Address of Curre	·	[30]			10. Name and Address of New Re		_	
FRA	INK, MATT			81	Nanie			<u>•</u>	
268	0 S.E. 80TH ST.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
OC#	ALA FL 32671			83					
				84	City			85 Zip	Code
						poration submits this statement for the p	FL		
agent. I a SIGNATURE	im familiar with, and accept the oblig	gations of, Section 607.05	605, Florida Sta	atutes).	tion's board of directors. I hereby accepted when relastating?	DATE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DP	DELE	1É 1.1	IIILE				Change	Addition
NAME	FRANK, MATT		1.21	NAME					
STREET ADDRESS	2680 S.E. 80TH ST.		1.3	STREET	ADDRESS				
CITY-ST-ZIP	OCALA FL			1.4 CITY - ST - ZIP					
TITLE	EDANK DOMME	[] DELE	1	INTLE			ļ	Change	Addition
NAME	FRANK, BONNIE-		1	MAME	1				
STREET ADORESS	OCALA-FL-84480				ADDRESS				
CITY-ST-ZIP TITLE	- CONTRACT CONTRACT	DELE		CITY - S	51 · 71P			Change	Addition
NAME				NAME					7.00.00
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			l l	CITY-S	· [
TITLE		☐ DELE		TITLE	~~~ ~			Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	ADORESS				
CITY-ST-ZIP				CITY - S	T - 21P				
TIFLE		□ pur			ĺ			Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T DELE		CHY-S	1-719			Change	Addition
TITLE		L) OH		HTLE			•	Munife	L AUGIGION
NAME STORET ADDOCESS				NAME	ADDRESS				
STREET ADDRESS				STREET City - S	ADDRESS				
U111-21-21P	1		■ 641	out to S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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 indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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