## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90001 017 \*\*\*550.00

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DOCUMENT	#	15519	Ω
1 Corporation Name	"	JODIO	20

WILLIAM D. MATTHEWMAN, P.A.

149   149					<u> </u>
1494 - NN - NORTH FIRTER DRIVE   1494 - NN - NORTH FIRTER DRIVE   1495	Principal Place of Business	Mailing Address			
DO NOT WRITE IN THIS SPACE	C/O WILLIAM D. MATTHEWMAN				
2. Dela incorporation of Qualified   1/2/1/987   2   2   Mailing Address   3   1/2/1/987   3   Applied for   1/2/1/987   2   Applied for   1/2/1/987   3			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. 4. FEI Number 59-28 166009	US				
2. Principal Place of Business 2. 4. FEI Number 59-28 166009				01/27/1987	
Sulfa, Apt. K. etc.   22   Sulfa, Apt. K. etc.   22   Sulfa, Apt. K. etc.   23   Sulfa, Apt. K. etc.   24   Sulfa, Apt. K. etc.   25   Sulfa, Apt. K. etc.   25   Sulfa, Apt. K. etc.   26   Sulfa, Apt. K. etc.   27   Sulfa, Apt. K. etc.   28   Sulfa, Apt. K. etc.   29   Sulfa, Apt. K. etc.	2. Principal Place of Business	2a. Mailing Address	<del>.</del>		Applied For
Suite, Apt. 4, etc. 27 Suite*   700   70   700   70   700   70   700   70   700   70   700   70   70   700   70	21 44 WEST FLAGLER S	57. 26 Same		59-2816609	Not Applicable
City & State 203	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '
Zip   Country   St. This corporation owes the current year   Yes   Skino   St. This corporation owes the current year   Yes   Yes   Skino   St. This corporation owes the current year   Yes   Yes   Skino   St. This corporation owes the current year   Yes   Yes   Skino   St. This corporation owes the current year   Yes   Yes   Skino   St. This corporation owes the current year   Yes   Skino   St. This corporation owes the current year   Yes   Skino   St. This corporation owes the current year   Yes   Skino   St. This corporation owes the current year   Yes   Skino   S	City & State		- 6. Election Campaign Financing	\$5.00 May Be	
Zip	23 MIAMO) FLA.	28		Trust Fund Contribution	Added to Fees
S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent	Zip Country		Country	8. This corporation owes the current	year www
MATTHEWMAN, WILLIAM D.  1491-NW NORTH RIVER DRIVE  SUITE 1/700  MI am FLA 33/30  84 CRY MI am ST FLAG CRY ST FLAG	24 33130 25 USO	29	30		
MATTHEWMAN, WILLIAM D. Hot Provisions of sections 607 0502 and 607 1508, Florida Statutes, the paper-named corporation submits this statement for the purpose of changing its registered agent. In all familiar with, and people the official solid change was submit feel by the corporations submits this statement for the purpose of changing its registered agent. In all familiar with, and people the official solid change was submit feel by the corporation submits this statement for the purpose of changing its registered agent. In all familiar with, and people the official solid change was submit feel by the corporations submits this statement for the purpose of changing its registered agent. In all familiar with, and people the official solid change was submit feel by the corporations should be provided to the solid of	9. Name and Address of	Current Registered Agent		10. Name and Address of New Reg	istered Agent
## HANN HORTH RIVER DRIVE	MATTHEWMAN WILLIAM D		i		
### City Migmil   FL   85   29 God 30		UU WAST Floater	S7. 82 Street Ad	dress (P.O. Box Number is Not Acceptable	)
### City Migmil   FL   85   29 God 30	l .	9-1003/ /19-01	44	WEST FLAGLER:	<u>5/·</u>
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the player-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, at the State of Florida, Such change yas authorifed by the corporation's bard of directors. I hereby accept the appointment as registered agent, and familiar with, and people time of pitigations of, sergistered or registered agent, and familiar with, and people time of pitigations of, sergistered or registered agent, and familiar with, and people time of pitigations of, sergistered or registered agent, and the segistered of corporation's board of directors. I hereby accept the appointment as registered agent, and the segistered or registered agent, and the segistered of corporation's board of directors. I hereby accept the appointment as registered agent, and the segistered of corporation's board of directors. I hereby accept the appointment as registered agent, and the segistered of corporation's board of directors. I hereby accept the appointment as registered agent, and the segistered of corporation's board of directors. I hereby accept the appointment as registered agent, and the segistered of directors. I hereby accept the appointment as registered agent, and the segistered of directors. I hereby accept the appointment as registered agent, agent, and the segistered of directors. I hereby accept the appointment as registered agent,	IMAINI 33123	SUITE 1100	S   63   S	SUHE 1700 1	
11. Pursuant to the provisions of sections 607 (5002 and 607, 15002 Florida Statutes, the paper-named corporation submits this statement for the purpose of changing its registered agent, or both, and the paper of the provisions of sections 607 (5002 in the paper) and sections of the provisions of sections 607 (5002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the paper) agent and time of legistations of cerebon 607 (6002 in the pape		MIUMI FLA 33131	O 84 City	nami	FL 85 Zp Code 3 3 1 3 0
office or registered agent, or both, or the State of Florida. Such change year authorities of the components agent. I am familiar with, and pacept in defligations of streeting of the components and or directors. In the origination of the components and or directors. In the components and or directors. In the components and or directors.    Signature, typed or printed name of registered agent and the application.   (NOTE: Registered Agent algorithms)   Determines and or directors. In 12	11. Pursuant to the provisions of sections 6	07.0502 and 607.1508, Florida Statutes	, the above-named con	porntion cultimite this statement for the nurry	ose of changing its registered
SIGNATURE    Signature   Signa	office or registered agent, or both, in the	e State of Florida. Such change was au	ithorized by the corpori	ation's board of directors. I hereby accept the	ne appointment as registered
Signature, hypeed or printed rothine of ingolatemed agent and tillure in applications. (INOTE: Registered Agent signature required when reinstations)	1 1 1 1	a obligations of, section 600 6000. Rest	MOUNA		7131197
TITLE D DELETE D	SIGNATURE		E: Registered Agent signature r	equired when reinstating)	DATE
MATTHEWMAN, WILLIAM D.   12 NAME   13 STREET ADDRESS   1481 NW NORTH RIVER DRIVE	12. OFFICE	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
13 STREET ADDRESS	1 -		1.1 TITLE	·	Change Addition
CITY-ST-ZIP   MHAMF FL	NAME MATTHEWMAN, WILLIAM	D.	1.2 NAME		
TITLE	STREET ADDRESS 1481 NW NORTH RIVER	<del>DRIVE</del>	1.3 STREET ADDRESS		
NAME   SUPPLY   1700   23 STREET ADDRESS   24 CITY-ST-ZIP   TITLE   Change   Addition	CITY-ST-ZIP MIAMI FL		1.4 City-St-Zip		
STREET ADDRESS   SUTTE 1700   23 STREET ADDRESS   24 CITY-ST-ZIP   Change   Addition	TITLE UY WEST FIG	ag Lee ST. DELETE	2.1 TITLE		Change Addition
CITY-ST-ZIP	NAME GLOBE IT OF	. 1	2.2 NAME		
TITLE			2.3 STREET ADDRESS		
NAME	CITY-ST-ZIP MIGMIF	LA 33100	2.4 CITY-ST-ZIP		
STREET ADDRESS   STRE	TITLE	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS   STRE	NAME		3.2 NAME	••	
DELETE	STREET ADDRESS		3.3 STREET ADDRESS		
NAME	CITY-ST-ZIP		3.4 CITY-ST-ZIP		
A3 STREET ADDRESS   A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP	TITLE	DELETE	4.1 TITLE	·	Change Addition
A A CITY-ST-ZIP	NAME		4.2 NAME		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME <td< td=""><td>STREET ADDRESS</td><td></td><td>4.3 STREET ADDRESS</td><td></td><td></td></td<>	STREET ADDRESS		4.3 STREET ADDRESS		
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS         Change         Addition	CITY-ST-ZIP		4.4 CITY-ST-ZIP		
STREET ADDRESS	TITLE	☐ DELETE	5.1 TITLE		Change Addition
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS	NAME		5.2 NAME		
TITLE DELETE 6.1 TITLE ' Change Addition  NAME  STREET ADDRESS 6.3 STREET ADDRESS	STREET ADORESS		5.3 STREET ADDRESS	•	
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP		
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	TITLE	DELETE	6.1 TITLE		Change Addition
	NAME	<del></del>	6.2 NAME		
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS		6.3 STREET ADDRESS		
	CITY-ST-ZIP		6.4 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 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.

SIGNATURE: