

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).

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

08-06-1999 90001 017 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J55188

1. Corporation Name
WILLIAM D. MATTHEWMAN, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O WILLIAM D. MATTHEWMAN
1481 NW NORTH RIVER DRIVE
MIAMI FL 33125
US

Mailing Address
% WILLIAM D. MATTHEWMAN
1481 NW NORTH RIVER DRIVE
MIAMI FL 33125
US

3. Date Incorporated or Qualified
01/27/1987

4. FEI Number
59-2816609

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 **44 WEST FLAGLER ST.**
 Suite, Apt. #, etc.
 22 **SUITE 1700**

2a. Mailing Address
 26 **same**
 Suite, Apt. #, etc.
 27

City & State
 23 **MIAMI FLA**
 28

Zip Country
 24 **33130** 25 **USA**
 29 30

9. Name and Address of Current Registered Agent
MATTHEWMAN, WILLIAM D.
~~1481 NW NORTH RIVER DRIVE~~ **44 West Flagler St.**
~~MIAMI 33125~~ **SUITE 1700**
MIAMI FLA 33130

10. Name and Address of New Registered Agent
 81 Name **SAME**
 82 Street Address (P.O. Box Number is Not Acceptable)
44 WEST FLAGLER ST.
 83 **SUITE 1700**
 84 City **MIAMI** 85 **FL** Zip Code **33130**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, section 607.0503, Florida Statutes.
 SIGNATURE **William D. Matthewman** DATE **7/31/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWMAN, WILLIAM D.
STREET ADDRESS	1481 NW NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	44 West Flagler St.
STREET ADDRESS	SUITE 1700
CITY-ST-ZIP	MIAMI FLA 33130
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **William D. Matthewman** Date **7-31-99**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)