PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K85093**

1. Corporation Name

MATHEW D. STAVER, P.A.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90028 018 ***150.00

	, D. Olaven, F.A.		_						
Principal Place	e of Business	Mailing Address							
% STAVER & ASSOCIATES % STAVER & ASSOCIATES									
1900 SUMMIT TOWER BLVD. ST 540 1900 SUMMIT TOWER BLVD. ORLANDO FL 32810 ORLANDO FL 32810			VU. ST 540			DO NO.	T WRITE IN TH	IS SPACE	
OHLANDO FL 3	2810	ONLANDO PL SZOIO				3. Date incorporated or Qu		IS SPACE	
						05/03/1989	amed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21	-7.	26			59-2944326	· <u>~</u>		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desi	ired 🔲		Additional lequired
City & Stat		City & State				A Floation Compaign Finds		\$5.00	May Be
	e e	⊢ ·				Election Campaign Final Trust Fund Contribution			to Fees
Zip	Country		Count	trv		8. This corporation owes th	e current vear		
 ·	25	29	30	,		Personal Property Tax.	ie carrent year	Yes	□No
24	9. Name and Address of Curre		[30]			10. Name and Address of	New Registers	d Agent	
	9. Name and Address of Odire	in registered Agent	- 8	31	Name	10.	<u> </u>		
STA	ver, mathew d								
1900 SUMMIT TOWER BLVD.		82		32	Street Addre	ess (P.O. Box Number is Not A	cceptable)		
SUITE 540			1	83					
ORL	ANDO FL 32810								
			8	B4	City		F	85 Zip	Code
		00 1007 1500 Flid- Ct-t				protion pulpoits this statement t	-		e registered
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change was	authorized t	by th	nameo corpo le corporatio	n's board of directors. I hereby	accept the app	ointment as r	egistered
agent. I a	ım familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statut	es.					
(
I SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag			gent s	signature required	when reinstating)	DATE		
12.	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES			
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14. I hereby certify that the information supplied with this first 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 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 receives of trusted 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 of the receives of the corporation of the receives of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives of trusted empowered.

SIGNATURE: _

SIGN STATES STATES STATES STATES AND STATES OF PRINTED HAME OF SIGNING OFFICE ON DEBEGOOR

3/3/199

(407) 875-0077 Daytime Phone # -CR2E034 (11/98)