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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L65932 (0)

1. Corporation Name  
MATTHEW LAWRENCE, INC.



Principal Place of Business

% MYRON L. BROWN  
9159-F SW 22 ST  
BOCA RATON FL 33428

Mailing Address

% MYRON L. BROWN  
9159-F SW 22 ST  
BOCA RATON FL 33428-7613

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 6349 NW 78 Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 6349 NW 78 Drive  
Suite, Apt. #, etc.

22 City & State

23 Parkland, FL

27 City & State

28 Parkland, FL

24 Zip

33067

25 Country

25 Broward

29 Zip

29 33067

30 Country

30 Broward

4. FEI Number

65-0187405

Applied For

☒ Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, MYRON L.  
9159-F SW 22 ST  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME BROWN, MYRON L.  
STREET ADDRESS 9159-F SW 22 ST  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D  
NAME BROWN, ROBYN T.  
STREET ADDRESS 9159-F SW 22 ST  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD  
1.2 NAME Brown, Myron L.  
1.3 STREET ADDRESS 6349 NW 78 Drive  
1.4 CITY-ST-ZIP Parkland, FL 33067

☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME Brown, Robyn T.  
2.3 STREET ADDRESS 6349 NW 78 Drive  
2.4 CITY-ST-ZIP Parkland, FL 33067

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Robyn T. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 954-341-9830  
Date Daytime Phone #

CR2E034 (9/96)