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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84801

(3)

FRANK S. MATROZZA, INC.

FILED Mar 02 1998 8:00am Secretary of State

LIGHTON CONTRACT CONTRACTOR CONTR

| 4131 FOX TE 8768 SE WO BOYNTON BO US 2. Principal F 21 Suite, Apt 22 City & Stat 23 | ODWIND ST. CH FL 33436 Place of Business | Mailing Address 4131 FOX TRACE E 8788 SE WOODWIND ST. BOYNTON BCH FL 33436 US 2a. Mailing Address 26 Suite. Apt. #, etc. 27 City & State 28 Zip | Country | , | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 06/03/1988 4. FEI Number 65-0052159 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the cu | \$8.75 Fee \$5.00 | Applied For Not Applicable Additional Required May Be d to Fees Intangible |
|---|---|--|---|--------------------------------|---|---------------------------|--|
| 71 | 25 9. Name and Address of Curre ISS DONALD L 66 S.E. OSPREY STREET | | 81 | | Personal Property Tax due June 30. 10. Name and Address of New Registered cddress (P.O. Box Number is Not Acceptable) | | <u></u> |
| 11. Pursuant office or | registered agent, or both, in the State am familiar with, and accopt the oblic | of Florida, Such change was au patiens of, Section 607,0505, Flori | thorized by ida Statute | e-named c y the corpo s. | corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap | of changing | p Code gits registered as registered |
| ļ | Signature, typed or printed name of requiremed ag | | | ent signature re | equired when reinstating) DATE | | |
| 12. | T D | ID DIRECTORS DELETE | 13. | т | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | |
| NAME STREET ADDRESS CITY-ST-ZIP | MATROZZA, FRANK S. 4131 FOX TRACE E. BOYNTON BCH. FL | | 1.2 NAME 1.3 STREET 1.4 CITY-5 | 1 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 City- | | | Change | e 🗀 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DELETE | 3 1 TITLE 3 2 NAME 3 3 STHEEL 3 4 CITY- | ADDRESS | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DUTTE | 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY - S | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S | ADDRESS | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S | ADDRESS | | Change | Addition |
| 14. I hereby indicated officer or | Lon this annual report or supplement | al annual report is true and accui elver or trustee empowered to ex | the exemp | tion stated | in Section 119.07(3)(i), Florida Statutes. I further c ature shall have the same legal effect as if made u equired by Chapter 607, Florida Statutes; and that | nder oath: t | that I am an |