

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90013 021 ***158.75

DOCUMENT # N97000007029

1. Corporation Name

S.C. MATHIS FOUNDATION GROUP INC.

Principal Place of Business

1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

Mailing Address

1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

2. Principal Place of Business

21 3520 NW 84 Terr

Suite, Apt. #, etc.

22 Miami, Fla

City & State

23 33147

Zip

24

25

Country

2a. Mailing Address

26 3520 NW 84 Terr

Suite, Apt. #, etc.

27 Miami, Fla

City & State

28 33147

Zip

29

30

Country

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0781437

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VOCE, ALLAN G S
1925 NE 45TH STREET
SUITE 234
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

MATTIE R MARSHALL

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

3520 NW 84 Terr

83

Miami, Fla

84

City

FL

33147

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mattie R Marshall President

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

(NOTE: Registered Agent signature required when reinstating)

6/10/00

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, MATTIE R	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTER, KATHY V	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACKSON, CAROLYN V	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JACKSON, RONALD J	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIS, HARRY L	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOCE, ALLAN G S	
STREET ADDRESS	1925 NE 45TH STREET STE 234	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mattie R Marshall REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/00 305694-9125

Date

Daytime Phone #

CR2E037 (1/98)