FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000781 (3)

MATT STONE EAST, INC.

Principal Place of Business Mailing Address					r nadicade via jacob citir sanit abiti datti datti barit datti fabel bacar ifat idal
4480 OLD DIXIE HIGHWAY POB 1929					
VALKARIA FL US	32949	US	ZEPHYRHILLS FL 33539 US		DO NOT WRITE IN THIS SPACE
		••			3. Date incorporated or Qualified
0.00	Na				01/04/1993
2, Principal F	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For
Suite, Apt.	#. etc.	28 Suite, Apt. #, etc.	uite. Apt. #. etc.		59-3159116 Not Applicable \$8.75 Additional
22 27		27			5. Certificate of Status Desired Fee Required
City & State City & St		City & State	State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Ζιρ	Countr	y	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
	TTOX, JEFFREY A		81	Name	
3749 COPELAND DR ZEPHYRHILLS FL 33540			82	Street	Address (P.O. Box Number is Not Acceptable)
	TITIK IILLO F L 00070		83		
			84	City	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ries, the abov	e-named	
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, typod or printed name of registered a			ent signature	re required when reinstating) DATE
12.	ČD OFFICERS AI	ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME	MATTOX, DANIEL M		1.2 NAME		And countries 11 Accounted
STREET ADDRESS 4555 118TH AVE. N.					2445 PHINIACI E COURT, NORTH
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		PALM HARBOR, FL 34684
TITLE	PTSD	DELETE	2.1 TITLE		Change Addition
NAME	MATTOX, JEFFREY A		2.2 NAME		
STREET ADDRESS	4555 118TH AVE. N.		2.3 STREET	ADDRESS	
CITY-ST-ZIP	<u>CLEARWATER FL</u>	D SYLETE	2. 4 CITY-	ST-ZIP	PALM HARBOR, FL 34684
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET	ADDDICC	DEAN, JEFFREY M. 14802 DUNSTAN PLACE
CITY+ST-ZIP			3 4. CITY -		TAMPA, FL 33618
TITLE		DELETE	4.1 TITLE	51-24	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CiTY - 9	ST - ZIP	
TITLE		DELETE	5.1 THTLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET		
CITY-ST-ZIP TITLE	·	DELETE	5.4 CITY - S 6.1 TITLE	IT-ZIP	Change Addition
NAME	•	_ ottil	6.2 NAME		Lu Change Lu Adokton
STREET ADDRESS			6.3 STREET	ADDRESS	
	· ·		V.a DINEE)		

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.