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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000014329**1. Corporation Name

THE MATCH MAKER OF BELLEVIEW, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90003 027 ***150.00

Principal Place	e of Business	Mailing Address						.,	
15920 S US HWY 441 15920 S US HWY 441									
SUMMERFIELD FL 34491 SUMMERFIELD FL 34491					I,		TE IN THE	ODACE	
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					- 1	3. Date Incorporated or Qualifed			
	_			_		02/18/1993			E. J. Fran
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21	·	26		_		57-0971618			t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
22		27							
City & State	е	City & State			i	6. Election Campaign Financing		\$5.00	
23	<u> </u>					Trust Fund Contribution		Added to	o rees
Zip	Country	Zip	Coun	ry		8. This corporation owes the curr	ent year Int		□No
24	25	29	30			Personal Property Tax.	On wintered		
	9. Name and Address of Curren	t Registered Agent		Name		10. Name and Address of New	zegistered	Agent	-
e⊓∪.	TWELL, MARSHA]	Name					
				Street /	Address	(P.O. Box Number is Not Accept	able)		
• • • • •	20 SE US HWY 441 & 27								
SUM	IMERFIELD FL 34491		} '	83		v			
	•		}	34 City				85 Zip C	Code
	•						FL	.	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ve-named	corpora	tion submits this statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthonzed	ov the corbo	oration's	s board of directors. I nereby acce	pt trie appor	ııtment as ref	gistered
agent. rai	in lamital with, and accept the conge	10013 01, 0001011 007.0000, 1 10				· · · · · · · · · · · · · · · · · · ·			
						•			1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered A	gent signature n	equired w	nen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered /	gent signature n	equired w	nen reinstating) . , ADDITIONS/CHANGES TO OF			
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: