**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90028 025 \*\*\*150.00

## 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 # P93000015652

MAT-MIC	C SERVICES, INC.					
Principal Place of Business Mailing Address					1 19611231 (1) à 18100 (11) (1 801) (1 801) (1 801) (1 801) (1 801) (1 801)	
9770 S. MILITARY TRAIL 9770 S. MILITARY TRAIL					**	
# B-7	# B-7			DO NOT WRITE IN THIS SPACE		
BOYNTON BEA	CH FL 33436	BOYNTON BEACH FL 33436	INTON BEACH FL 33436		3. Date Incorporated or Qualifed	
					02/23/1993	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26			65-0395942 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat					6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Cur	rent Registered Agent		11 Name	10. Name and Address of New Registered Agent	
BISCHOFF, CHRISTIAN 9770 S. MILITARY TRAIL # B-7 BOYNTON BEACH FL 33436			Ĺ	82 Street Address (P.O. Box Number is Not Acceptable)		
			8	83		
			<b>\\</b>	14 City	FL 85 Zip Code	
office or r agent. I a	registered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	norized t	ov the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered A	gent signature r	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BISCHOFF, CHRISTIAN			E	BISCHOFF CHRISTIAN 5854 Bry Hill Circle	
STREET ADDRESS			1.3 STR	ET ADDRESS	3854 DIV HIN CITCLE	
CITY-ST-ZIP	PARKLAND FL		1.4 CITY	-ST-ZIP	Lake Worth, FL. 33463	
TITLE	☐ DELETE 2		2.1 TITU	E	☐ Change ☐ Addition	
NAME	E 2		2.2 NAM	Ε		
STREET ADDRESS	REET ADDRESS		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		2.4 CIT	-ST-ZIP		
TITLE	Const		3.1 TITL	Ē	☐ Change ☐ Addibo	
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	EET ADDRESS		

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 on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-2IP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

561-734-1700

Change

Change

Change

Addition

☐ Addition

☐ Addition