Applied For

Fee Required \$5.00 May Be

Added to Fees

⊠ No

Not Applicable \$8.75 Additional

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 # P93000034348

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Zip

24

DIANA CARMELITA MATIGIAN P.A.

Principal Place of Business	Mailing Address	
2035 HARDING ST HOLLYWOOD FL 33020	2035 HARDING ST HOLLYWOOD FL 33020	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
22	27	
City & State	City & State	

Zip

29

May 15, 1999 8:00 am Secretary of State

05-15-1999 90021 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/07/1993 4. FEI Number

65-0416105

MAATI	CIAN DIAMA C								
MATIGIAN, DIANA C 2035 HARDING ST			82	2 Street Address (P.O. Box Number is Not Acceptable)					
	LYWOOD FL 33020		83						
			0~						
			84	City	FL	85 Zip	Code		
				<u> </u>		<u> </u>	i-torod		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12		
TITLE	PVST	DELETE	1.1 TITLE			Change	☐ Addition		
NAME I	MATIGIAN, DIANA C		1.2 NAME				1		
STREET ADDRESS	2035 HARDING ST		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-5	T-ZIP					
TITLE	0	☐ DELETE	2.1 TITLE			☐ Change	Addition		
NAME	MATIGIAN, DIANA C		2.2 NAME						
STREET ADDRESS	2035 HARDING ST		2.3 STREE	TADDRESS			_		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 C/TY-	ST-ZIP					
TITLE		DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS			-		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS				TADORESS	5				
CITY-ST-ZIP	Se the control of the		64 CITY-		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		information		
14. I hereby o	certify that the information supplied with this filing does	not qualify for th	e exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further cert	iry that the	t Laman		

Country

Name

30

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 ar 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.

Daytime Phone #