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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000004332 (8)

MATTHEW A. TAVRIDES, P.A.

Principal Place of Business 255 S. ORANGE AVENUE SUITE 888 ORLANDO FL 32801

Mailing Address

255 S. ORANGE AVENUE SUITE 888

**FILED** Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 3. Date Incorporated or Qualified 01/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3360578 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. **\$8.7**5 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAVRIDES, MATTHEW A ESQ. 609 E. CENTRAL BOULEVARD. dress (P.O. Box Number is Not Acceptable)
South Orange Allence 82 ORLANDO FL 32801 83

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 1 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) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE PST 1.1 TITLE 255 SOUTH TAVRIDES, MATTHEW A ESQ. NAME 1.2 NAME CR2E034 -009 E. CENTRAL BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change | Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITS F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3,4, CITY - ST-ZIP DELETE Change Addition DITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5,3 STREET ADDRESS CITY - ST - ZIP 5,4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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.

SIGNATURE:

407 843 8441