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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039620 (5)

MATT'S AUTO REPAIR, INC.

Principal Place of Business
6293 LANDSDOWNE CIRCLE

Mailing Address

6283 LANDSDOWNE CIRCLE BOYNTON BEACH FL 33437-5108

FILED Apr 29 1997 8:00am Secretary of State



BOYNTON BEACH FL 33437		BOYNTON BEACH FL 33437-5108			·			
		\.			3. Date Incorporated or Qualified 05/03/1996	3a. Da	te of Last F	Report
	lace of Business	2a. Mailing Address			4. FEI Number		Α	pplied For
21 6293	Lans downe Circle	26 6293 Lansdowne Circle			65-0669237		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stale		City & State			Election Campaign Financing Trust Fund Contribution		· · · · · · · · · · · · · · · · · · ·	May Be to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for i	ntangible	tax under t	199.032,
24	25	29	30		Florida Statutes	Yes [) No	
	g, Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered /	\gent	
FES	SENDEN, MATTHEW W		81	Name				
	3 LANDSDOWNE CIRCLE		B2	Street And	ress (P.O. Box Number is Not Acceptab	ole)		
	'NTON BEACH FL 33437		63					
			84	City			85 Zip	Code
				I		<u> FL</u>		
SIGNATURE	m farminar with, and accept the obligation of registered ager				coration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	DATÉ		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS	FESSENDEN, MATTHEW W 6293 LANDSDOWNE CIRCLE				1293 LANS downer	Cincl	د,	
CITY - S1 - ZIP	BOYNTON BEACH FL 33437		1.4 CITY-:	ST-ZIP			[] a.	I A ree.
TITLE		☐ DELETE	21 TITLE	}	· ·		Change	Addition
NAME			2 2 NAME	f				
STREET ADDRESS			•	T ADDRESS				
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NAME			3.2 NAME	}				
STREET ADDRESS				T ADDRESS				
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NAME		[_] officir					L) Ollanige	
			4. 2 NAME					
STREET ADORESS			. L	T ADORESS				
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NAME			52 NAME				Almille	The state of the s
SIPEET ADDRESS				T ADDRESS				
CITY - ST - ZIP			5.4 CITY-	i i				
TITLE		DELETE	6.1 TITLE	21 211			Change	Addition
NAME		- 220-1	6.2 NAME	Ì				
STREET ADDRESS				T ADDRESS				
CITY - ST-ZIP			6.4 CITY -	· .				
			V-1 VII (-	<u></u>				

14. I do 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 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

MUTTHEW W. FEINENGER OF BIGHING OFFICER OF DIRECTOR

4/22/97 561-369-4791

Daytime Phone #