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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000044156 (3)

**FILED** Feb 24 1998 8:00am Secretary of State

MATE	S DOWNUNDER, INC.	•	,		
Principal Pla	ce of Business	Mailing Address		1 10041004 140 19110 91111 9011 60111 80114 80114	1) WIWIA WAWA DIWUK WAKAW WILA ROOF
12228 US HWY 17 13806 JUDY AVE HUDSON FL 34687 HUDSON FL 34667				DO NOT HIDITE OUT	3.40 ODA OF
US		US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 05/17/1996	
2. Principal	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		59-3386147	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		· ··· <u>-</u> ··	_	¢0.75 talking	
27			5. Certificate of Status Desired	Fee Required	
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
	EIL, EUGENE L ESQ.		81 Name		
	312 U.S. HIGHWAY 19		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HL	JDSON FL 34687		00		
			83		
			84 City		<b>85</b> Zip Code
				poration submits this statement for the purpo- tion's board of directors. I hereby accept the	FLITT
SIGNATURE	Signature typed or printed name of registered		DTE Registered Agent signature requ	<u>:</u>	TE
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	<b>BE</b> IL, MARGARET E		1.2 NAME	:	
STREET ADDRESS	13806 JUDY AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY - ST - ZIP	T.	
TITLE	STD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	<b>BEIL</b> , EUGENE L		2.2 NAME		
STREET ADDRESS	13806 JUDY AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE		Change Addition
NAME			4. 2 NAME	:	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T	5.4 CITY - ST - ZIP	• • • • • • • • • • • • • • • • • • • •	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	1	
PITY OF 71D					

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.