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 # P96000058443 (8)

MATTHEW E. FISHER, INC.

Principal Place of Business

Mailing Address

44 BOX 6102 1 4125 BI 4 GE

FILED Apr 22 1997 8:00am Secretary of State



TAMPA FL 3361		TAMPA FL 33617-1646			
				3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last Report
	ace of Business	26. Mailing Address		4. FEI Number	Applied For
21	98 MANGO DL	26 198 M	ANGO DA	59-3389	/00 Not Applicable
Suite, Apt 4	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	PALATKA, FL Country	City & State 28 PALAT Zip 2 2 1 7	KA, FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 321	77 25 USA	29 32//7	Country 30 USA		Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ER, MATTHEW E		81 Name		
	O.SKY Lake Place Pa Fl 33617		82 Street Address (P.O. Box Number is Not Acceptable) 74 MENON BAY CIACLE 83		
			84 City	AKE MANY	FL 85 Zip Code 32746
11. Pursuant to office or re agent. Far	egistered agent, or both, in the State on tamiliar with, and accept the obligat	f Florida. Such change was a ions of, Section 607.0505, Flo	es, the above-named oc authorized by the corpor orida Statutes.	orporation submits this statement for the p ration's board of directors. I hereby accep	it the appointment as registered
SIGNATURE .	D . 000 00	ut			DATE 1997
12.	Signature, typical or printed name of registored agent OFFICERS AND		Flegistered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	
1111.f	DP OFFICERS AND	DELETE	1.1 TITLE	ADDITION OF THE COLUMN	Change Addition
NAME	FISHER, MATTHEW E		12 NAME		
STREET ADDRESS	11830 SKY LAKE PLACE		1.3 STREET ADDRESS	INV HERON BAY	CIALLE
City-St-Zif-	TAMPA FL 33617		1.4 CITY - ST - ZIP	LAKE MANY FL	32744-3479
TITLE		DELETE	2.1 TITLE	LAKE MANY, FO	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
EITY - SI - ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - S.I - ZIP			3.4. CITY - ST - ZIP		
tini		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
SURELL ADDIESS			4.3 STREET ADDRESS		
CHY-ST-ZIP		- I select	4.4 CITY - ST-ZIP		T As T 1
11111		☐ DETE1E	5.1 TITLE		Change Addition
NAM:			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITA- 21-51E		TT NECEST	5.4 CITY - ST - ZIP		Charter 1 Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C(TY - S) - ZIP			6.4 CITY-ST-ZIP		

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 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 efficer 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: