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 # P96000087303

1. Corporation Name

MIGHTY MAT, INC.

	Principal Place of Business						
1400 CENTREPARK BLVD #310 WEST PALM BEACH FL 33							
	#310						
	WEST PALM BEACH FL 33401						
i	• *						

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90016 021 ***150.00



Finicipal Flace	of Business	Mailing Address								
1400 CENTREPA	ARK BLVD	1400 CENTREPARK BLVD								
#310		#310				DO NOT WRITE IN THIS SPACE				
WEST PALM BE	ACH FL 33401	WEST PALM BEACH FL	WEST PALM BEACH FL 33401			3. Date Incorporated or Qualifed				
•						,	or Qualifed			
						10/21/1996				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			h 	pplied For
21		26				65-07194 <u>41</u>				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Star	tus Desired			Additional
22		27				3. Octaiodia di Cia			Fee R	equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Cont	ribution		Added	to Fees
Zip				ıntry		8. This corporation	owes the curre	ent year Inta		
24	25	29	30			Personal Proper			Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Add	ress of New R	egistered A	\gent	
				81	Name					
NOR	ris, david b			02	Ctroot Addro	ss (P.O. Box Number	ie Not Accenta	hle)		
712 (u.s. Highway one		82 Stre			SS (F.O. BOX Number	is ito: Accepta	Dic)		
NOR	TH PALM BEACH FL 33408			83	•					
~				Ш						
				84	City			FI	85 Zip	Code
	to the provisions of Sections 607.05	02 and 607 1509 Elarida Stat	utos the a	hove	named cornor	ration submits this sta	tement for the	nurnose of	hanging it	s registered
office or re	egistered agent or both in the Stati	e of Florida. Such change was	authorized	וז עם כ	he corporation	n's board of directors.	hereby accep	t the appoin	tment as r	egistered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, F	Iorida State	utes.						ì
SIGNATURE								DATE		
	Signature, typed or printed name of registered ag	,		Agent	signature required	ADDITIONS/CHA	NOTE TO OF		DIRECT	OPS IN 12
12.	OFFICERS A		13.				NGES IO OF		J DINECT	ONS III IZ
	Δ			71.5		ADDITIONOGRA				
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NAME		□ DELETE SUITE 310	1.1 TI 1.2 N/ 1.3 ST 1.4 CI	AME TREET/ ITY-ST-	i	Abbinonge			☐ Change	☐ Addition
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CITY-ST-ZIP 14. I hereby certify that the informatib 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 of suppliemental 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, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS