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 #

P97000081671 (4)

MATTCOMP, INC.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address						TERE STRIKE WITH THE	roi ilei ipei
7895 S.W. 131 STREET 7895 S.W. 131 STREET							
MIAMI FL 33156 MIAMI FL 33156					DO NOT WORK IN THE	0.004.05	
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	5 SPACE	
1					· ·		1
9. Principal P	lace of Business	2a. Mailing Address		<u> </u>	09/19/1997 4. FEI Number		polied For
21		26		65-0788076	<u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired		equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country Z _{IP}		Country		8. This corporation owes or has paid the c		
24			30		Personal Property Tax due June 30.		No
	9. Name and Address of Curre		10. Name and Address of New Registered	1 Agent			
PEARSON, STEPHEN U				Narne			
2474 S.W. 27 TERRACE				Street Add	lress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33133			83				
				ľ			- [
				City	F	85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Stonture, typed or pointed name of tragetered as	ations of, Section 607,0505, Flo	rida Statute	98.	poration submits this statement for the purpose tion's board of directors. I hereby accept the approach the purpose the agreed when reinstating)	pointment as	registered
12. OFFICERS AND I					ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
TITLE	D DELETE 1.		1.1 TITLE			Change	☐ Addition
NAME	PEARSON, MATTHEW	PEARSON, MATTHEW 1.2					i
STREET ADDRESS			1.3 STREE	TADDRESS			[
CITY-ST-ZIP			1.4 CHY-	ST-7IP			
TITLE		☐ DELETE 2.1				☐ Change	Addition
NAME	2.2		2.2 NAME				1
STREET ADDRESS			2.3 STREE	1 ADDRESS			- 1
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			3 1 TITLE	ľ		Change	Addition
NAME			3.2 NAME				1
STREET ADDRESS				1 ADDRESS			ļ
CITY-ST-ZIP			3.4 CITY - 4.1 TITLE	ST-ZIP		Change	Addition
NAME	(DRIE)E		4.1 HILE 4.2 NAME			FT CHARGE	☐ V0011011
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP]
TITLE			4.4 CITY - 5.1 TITLE	31-ZIF		☐ Change	Addition
NAME			5.2 NAME				
4			D.C 14-11VIL	ı			I

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELETE

MASKIE DOMANON

CR2E034 (1

Addition

FILED

Apr 28 1998 8:00am

Secretary of State