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

PFOFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham, 🗦

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF DOCUMENT # P97000089598 (1)

MATT & ROBERT, INC. Principal Place of Business Mailing Address 3800 U.S. HWY 98 NORTH 3800 U.S. HWY 98 NORTH #650 DO NOT WRITE IN THIS SPACE LAKELAND FL 33809 LAKELAND FL 33809 3. Date Incorporated or Qualified 10/16/1997 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zω Zip Country Personal Property Tax due June 30. 🔀 Yes ∏ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VESCERA, MATTEO 3800 U.S. HWY 98 NORTH Street Address (P.O. Box Number is Not Acceptable) #650 83 LAKELAND FL 33809 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and liftle if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE VESCERA, MATTERO 1.2 NAME NAME 1805 SHERWOOD LAKE BLVD 1.3 STREET ADDRESS STREET ADDRESS Lakeland FL 33809 1.4 DITY-ST-ZIP CITY - ST - ZIP Change **Addition** DELETE 21 TITLE TITLE LEE, SHIANSHYAN 2.2 NAME NAME 4120 STAFFORDSHIRE DRIVE 23 STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 3; on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

Mit

TITLE

NAME

STREET ADDRESS

2-12.90

Change

Addition

**FILED** 

Mar 03 1998 8:00am

Secretary of State