

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000017493**

1. Corporation Name

MATURITY MATTERS, INC.

Principal Place of Business
**268 SALVADOR SQUARE
WINTER PARK FL 32789**

Mailing Address
**268 SALVADOR SQUARE
WINTER PARK FL 32789**

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90011 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

2. Principal Place of Business
21 306 Park Place
Suite, Apt. #, etc.

2a. Mailing Address
26 306 Park Place
Suite, Apt. #, etc.

4. FEI Number
59-3521094
Applied For
Not Applicable

22
City & State
Altamonte Springs, FL
Zip Country
32701 USA

27
City & State
Altamonte Springs, FL
Zip Country
32701 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FACUNDUS, RHONDA M	
STREET ADDRESS	268 SALVADOR SQUARE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Candace I. Huber	
1.3 STREET ADDRESS	306 Park Place	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

7/5/99

407-893-3354

CR2E034 (5/99)

p98000017493
590551-90011-7

July 11, 1999

Division of Corporations
PO Box 6327
Tallahassee, Florida, 32314

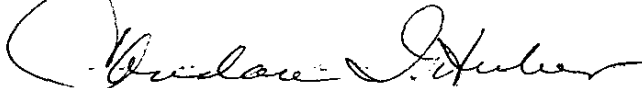
Dear Sir or Madame:

I am the President and owner of Maturity Matters, Inc., located in Altamonte Springs, Florida. Early this year, the company changed ownership with my attorneys filing all necessary documents. Somehow I never received the Annual Report until last week – the second notice.

I am requesting that the \$400.00 penalty fee be waived in lieu of the fact that I never received the first notice. My corporation remains inactive at this time.

Please contact me at (407) 260-2236 for any follow-up communication. I am enclosing the standard filing fees along with the Annual Report.

Sincerely,



Candace I. Huber
President