

 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023192

MATT ASSOCIATES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90003 049 ***150.00



Principal Place	of Business	Mailing Address						
1100 OAKBRIDGE PARKWAY. #150 LAKELAND FL 33803		1100 OAKBRIDGE PARKW LAKELAND FL 33803	AY. ≢150		DO NOT WRIT	TE IN THIS S	PACE	
					3. Date Incorporated or Qualifed 03/11/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	, a	Ap	plied For
21		26			39-349811	′ 7	No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	0	\$8.75 A	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added I	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cum	ent year Intat	ngible	
24	25	29	30	عديندي هي	Personal Property Tax.		Yes	No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	legistered A	gent	
				81 Name				
TODE	D, M ^a A			82 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
1100	OAKBRIDGE PARKWAY, #1	150	[START WITH	; Address (F.O. Box Number is Not Acceptable)			
LAKE	ELAND FL 33803			83				
				<u> </u>			85 Zip (- ode
			i	84 City	-	FL	85 Zip (,000
	edistered egent, or both, in the S	tate of Florida. Such change was t	2011/01/200	יים אטונוטט אונו אט ו	poration submits this statement for the ion's board of directors. I hereby accept	n na mhban		,
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agent. I an	m tamiliar with, and accept trie of Signature, typed or printed name of registers	d agent and title if applicable. (NOT	E: Registered	stes. Agent signature require	red when rainstiting)	. DATE	DIRECTO	 RS IN 12
signature	m familiar with, and accept the of Signature, typed or printed name of registers OFFICER:	of agent and title if applicable. (NOT S AND DIRECTORS	E: Registered	Agent signature require		. DATE		RS IN 12
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• I hereby certify that the information supplied with this mining loos not goaling for the sure flower and the composition of the corporation or 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 all other like empowered.

SIGNATURE:

THE HAME OF SIGNING OFFICEROOF GUREPTOR

3-4-99 (941) 46-587-Casta Castana Paona 8 XX19

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