Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90129 001 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800036206

1. Corpora ion Name

CITY-ST-ZIP

DO MANTILEMAN & ACCORDATES INC

	THEWS & ASSUCIATES, IN				
·	ce of Business	Mailing Address			
6001 ALMOND TERRACE 6001 ALMOND TERRACE PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN T	HIC COACE
				3. Date In corporated or Qualifed	HIS SPACE
				04/21/1998	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Appl ed For
21		26		65-0851538	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of States Bestined	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Count y	Zip	Country	8. This corporation owes the current year	r I⊓tangible □ Yes □ No
24	9. Name and Address of Current	[29]	30)	Personal Property Tax. 10. Name and Address of New Register	
	3. Name and Address of Current	registered Agent	81 Name	10. Haile tha Address of Hen Hegister	<u> </u>
MATTHEWS, R C 6001 ALMOND TERRACE PLANTATION FL 33317			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Coile
			[]		FL. " " " "
office or	registered agent, or both, in the State o am familiar with, and accapt the obligat	of Florida. Such change was a ons of, Section 607.0505, Flo	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the purpose of the purpose on the purpose of the	opo ntment as regis:ered
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MATTHEWS, R C		12 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	i'		23 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		□ beteie	3.2 NAME		onlinge
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	}		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change [] Addition
NAME			. 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	·	Change [] Addition
NAME			6.2 NAME		
	İ		6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling does not qualify for it eleximates examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated critical from 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, with all other like empowered. Matthews R CAELI MATTHEWS SIGNATURE:

6.4 CITY-ST-ZIP