



PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90122 043 \*\*\*150.00

DOCUMENT # **P98000066673**

1. Corporation Name  
**MATLING, INC.**



Principal Place of Business  
**5761 AUGUSTA CIRCLE  
SARASOTA FL 34238**

Mailing Address  
**5761 AUGUSTA CIRCLE  
SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/27/1998**

4. FEI Number **65-0866397** Applied For  
Not Applicable

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **427 INTERSTATE COURT**  
Suite, Apt. #, etc.  
22  
City & State  
23 **SARASOTA, FL.**  
Zip  
24 **34240** Country  
25 **USA**  
2a. Mailing Address  
26 **427 INTERSTATE COURT**  
Suite, Apt. #, etc.  
27  
City & State  
28 **SARASOTA, FL.**  
Zip  
29 **34240** Country  
30 **USA**

9. Name and Address of Current Registered Agent

**MATTERA, JOSEPH M 3RD  
5761 AUGUSTA CIRCLE  
SARASOTA FL 34238**

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

*Joseph Mattera III*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-20-99**

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE  
NAME **JOSEPH MATTERA III**  
STREET ADDRESS **7118 ROLAND OAKS CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL. 34231**

TITLE **VICE-PRESIDENT/SEC.** ☐ DELETE  
NAME **SUZANNE MATTERA**  
STREET ADDRESS **7118 ROLAND OAKS CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL. 34231**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

*Joseph Mattera III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-99 (941) 342-6577**  
Date Daytime Phone #

CR2E034 (1/98)