

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90060 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S04610

1. Corporation Name
MATCHMAKER INTERNATIONAL OF FLORIDA, INC.



Principal Place of Business

7280 PLANTATION ROAD
 SUITE L
 PENSACOLA FL 32504-6237

Mailing Address

7280 PLANTATION ROAD
 SUITE L
 PENSACOLA FL 32504-6237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1990

4. FEI Number

59-3041695

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 5700 N DAVIS Hwy

2a. Mailing Address
 26 8084 N DAVIS Hwy

Suite, Apt. #, etc.
 22 Suite 3

Suite, Apt. #, etc.
 27 #219

City & State
 23 PENSACOLA, FL

City & State
 28 PENSACOLA, FL

Zip Country
 24 32503 25 ESCAMBIA

Zip Country
 29 32514 30 ESCAMBIA

9. Name and Address of Current Registered Agent

CHASE, JAMES L.
 101 E. GOVERNMENT ST.
 PENSACOLA FL 32501

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME PARAVATE, LOUIS A.
 STREET ADDRESS 8082 NAVARRE PARKWAY, STE 275
 CITY-ST-ZIP NAVARRE FL

1.1 TITLE DP Change Addition
 1.2 NAME PARAVATE, LOUISA.
 1.3 STREET ADDRESS 8084 N DAVIS HWY #219
 1.4 CITY-ST-ZIP PENSACOLA, FL 32514

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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 an address, with all other like empowered.

SIGNATURE:

LOUIS A PARAVATE, Pres 26/JAN/99 (850) 469-2676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)