

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S08899

1. Corporation Name  
MATCH POINT, INC.

Principal Place of Business

1515 UNIVERSITY DR.  
SUITE 203  
CORAL SPGS. FL 33071  
US

Mailing Address

1515 UNIVERSITY DR.  
SUITE 203  
CORAL SPRINGS FL 33071  
US

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90004 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1990

4. FEI Number

65-0228852

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 30 NW 1st Avenue

2a. Mailing Address

26 30 NW 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

Zip

24 33444

Country

Zip

29 33444

Country

30

9. Name and Address of Current Registered Agent

GREEN, MITCHELL F.  
1946 TYLER STREET  
HOLLYWOOD FL 33022

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 ☐ DELETE

NAME  
V LIPTON, SIMON  
STREET ADDRESS  
11280 SW 1ST STREET  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

TITLE ☒ DELETE

NAME  
V KAUFMAN, STUART  
STREET ADDRESS  
9254 NW 18 ST  
CITY-ST-ZIP  
PLANTATION FL

TITLE ☐ DELETE

NAME  
V SUMMERS, MARK  
STREET ADDRESS  
8712 MAHOGANY AV  
CITY-ST-ZIP  
SUNRISE FL

TITLE ☐ DELETE

NAME  
V STOLLE, FRED  
STREET ADDRESS  
20101 NE 25 AVE  
CITY-ST-ZIP  
N MIAMI BEACH FL

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 an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BARON  
President  
Date: 3/12/99  
Daytime Phone #

CR2E034 (1/98)