PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90092 036 ***150.00

DOCUMENT # \$13778 1. Corporation Name

MATTHEWS PROPERTIES, INC.

Principal Place of Business
9342 CLEARMEADOW LN.
NEW PORT RICHEY FL 34655
110

Mailing Address

9342 CLEARMEADOW LN. **NEW PORT RICHEY FL 34655**

DO NOT WRI	TE IN	THIS	SPAC
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00								
					ſ	Date Incorporated or Qualifed 11/19/1990		
2 Dainainal Di	leas of Dunings	2a. Mailing Address			-+	4. FEI Number		Applied For
TOTAL GRANGAFATION DOLLER CONTRACTOR NOTICE			VE	NOT APPLICABLE	 	Not Applicable		
		Suite, Apt. #, etc.	TAJE	<u> </u>	``	NOT AFFEIGABLE	\$8.7	5 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired [Required:
City & State		City & State				6. Election Campaign Financing)0 May Be
23 NEW (POTET RICHEY FL	28 NEW PORT RIC	THE	1. FL	-	Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Count	гу		8. This corporation owes the current	year Intangible	
24 34655	-1189 25 U.S.	29 34655-1189 30]	U.S.		Personal Property Tax.	Yes	™No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Agent	
			8	1 Name	فدر. سدم	Cos Design		
MATTHEWS, DAVID L 82 Street Addre			7 472	EWS, DAVID L. ass (P.O. Box Number is Not Acceptable)				
9342	CLEARMEADOW LN.		l°	95/5	~uures: ∽? &	INGREADOW DRIVE	*)	
NEW	PORT RICHEY FL 34655		8					
- •								
			8	4 City	eui Pa	PLT RICHEY	FL 85 7	ip Code
		1000 4500 Fl-dd- C: : :		NO	~~ 1 <i>C</i>	tion submits this statement for the mile		4655-1189
11: Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes, f Florida, Such change was auth	tne abo orized b	ve-named o	corpora ration's	mon submits this statement for the pu- s board of directors. I hereby accept the	ne appointment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	s.		, ,		_
SIGNATURE								
O.O.A.T.O.A.E	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		jent signature re	equired wh		DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		
πιε	D	☐ DELETÉ	1.1 TITLE	: [;	D		Char	ge Addition
NAME	MATTHEWS, DAVID L		1.2 NAMI	 	MAT	THEWS, DAVIDL.	1 1/202	
STREET ADDRESS	9342 CLEARMEADOW LN.	İ	1.3 STRE	ET ADDRESS	951	5 SPRINGMEADOW DR	170	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY	ST-ZIP	NEW	BRT REHEY, FL. 34	655-1189	
TITLE		☐ DELETE	2.1 TITLE		1		☐ Char	ge 🔲 Addition
NAME			2.2 NAMI	.				
–				ET ADDRESS				
STREET ADDRESS				1			_	_
= CITY-ST-ZIP		☐ DELETE	2.4 CITY				☐ Char	ge Addition
TITLE		C) Detere	3.1 TITLE	1				S Last
NAME			3.2 NAM	!				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE	.			☐ Char	ge
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				•
CITY-ST-ZIP			4.4 CITY	ST-ZIP		_		
TITLE		☐ DELETE	5.1 TITLE				☐ Char	ge 🔲 Addition
NAME			5.2 NAM	E				
STREET ADDRESS		,	5.3 STRE	ET ADDRESS				
			5.4 CITY					
CiTY-ST-ZiP	<u> </u>	☐ DELETE	6.1 TITLE			·	Char	ge Addition
TITLE			6.2 NAM					
NAME								
STREET ADDRESS	regular of a state			ET ADDRESS				
CITY-ST-ZIP			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: