## FILE NOW: FILING FEE AFTER MAY 1 IS \$55 00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN OF STATE

Sandra B. Morenn

Secretary of S

DIVISION OF CORPO ATIONS

DOCUMENT # V58188

(6)

MATTERA ENTERPRISES, INC.

Mailing Address Principal Place of Business 11362 SOUTH ORANGE BLOSSOM TRAIL 11382 BOUTH ORANGE BLOSSOM ORLANDO FL \$2837-\$428 ORLANDO FL 32837 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1996 08/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0351113 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has fiability for intangible tax under s. 199.032, 29 X Yes 🔲 No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MATTERA, JEFF 11362 SOUTH ORANGE BLOSSOM TRAIL Street-Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 City 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. I am fait he will, at a coop the obligations of, Section 607.0505, Florida Statutes. Mide SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 1.1 TITLE THEF MATTERA, JEFF NAME 1.2 NAME 11362 SOUTH ORANGE BLOSSOM TRAIL 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 21 TITLE TITLE MATTERA, JEFF 2.2 NAME NAME 11362 SOUTH ORANGE BLOSSOM TRAIL STREET ACCRESS 2.3 STREET ADDRESS ORLANDO FL CHY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition THE 4.1 TITLE MAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 (ATY - ST~ZIP ☐ DELETE Change Addition 5.1 TITLE 70116 52 NAME NAME STREET ADDRESS 53 STREET ADDRESS

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

its for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the true and occurate and that my signature shall have the same legal effect as if made under oath; that we feel to discourse this report as required by Chapter 607, Florida Statutes; and that my name to less.

Change

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State

SIGNATURE:

CHY-ST ZIP

STREET ADDRESS

COY-ST-ZIP

HILLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

S.1(314/0199

14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is to Lans an officer or director of the corporation or the receiver or furlisee employee.

appears in Block 12 or Block 13 if changed, or on an attach

Yeul 6, 97 407-240. J.