

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90047 016 ***150.00

DOCUMENT # V58188

1. Corporation Name

MATTERA ENTERPRISES, INC.

Principal Place of Business

11362 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

Mailing Address

11362 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1992

4. FEI Number

65-0351113

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 11218 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 11218 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip

24 32837

Country

25 USA

Zip

29 32837

Country

30 USA

9. Name and Address of Current Registered Agent

MATTERA, JEFF
11218 11362 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11218 SOUTH ORANGE BLOSSOM TRAIL

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 PST
MATTERA, JEFF
STREET ADDRESS 11362 SOUTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
MATTERA, JEFF
STREET ADDRESS 11362 SOUTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL

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 11218 SOUTH ORANGE BLOSSOM TRAIL
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 11218 SOUTH ORANGE BLOSSOM TRAIL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY MATTERA, President 4/14/99 4072462388

Date

Daytime Phone #

0103305

CR2E034 (1/198)