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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V6867

(4)

1664 N. FEDERAL HWY.

BOCA RATON FL 33432

MATTCO CLEANERS, INC.

Principal Place of Business

1664 N. FEDERAL HWY.

BOCA RATON FL 33432

CITY-ST-ZIP

Mailing Address

DO NOT WRITE IN THIS SPACE

FILED

Feb 03 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified 10/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0363591 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATTHEWS, LUCILLE M 1057 B LADYPALM LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME MATTHEWS, ROBERT J. 1.2 NAME STREET ADDRESS SOUTHAMPTON CT. 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MATHEWS, KELLY M 2.2 NAME CAROLINA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 55434** 2. 4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change DELETE Addition TITLE MATHEWS, KASEY M TRITON COURT 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change 4.1 TITLE TITLE MATHEWS, LUCILLE M 4. 2 NAME NAME STREET ADDRESS 10571 B. LADY PALM LANE 4.3 STREET ADDRESS **BOCA RATON FL 33498** CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 man attachment with an address.

SIGNATURE:

SIGNATURE: