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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V68678

1. Corporation Name
MATTCO CLEANERS, INC.

Principal Place of Business
1664 N. FEDERAL HWY.
BOCA RATON FL 33432

Mailing Address
1664 N. FEDERAL HWY.
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1992

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0363591

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, LUCILLE M
1057 B LADYPALM LANE
BOCA RATON FL 33498

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

13. ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12

TITLE DELETE
NAME D MATTHEWS, ROBERT J.
STREET ADDRESS SOUTHAMPTON CT.
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME D MATHEWS, KELLY M
STREET ADDRESS CAROLINA CIRCLE
CITY-ST-ZIP BOCA RATON FL 55434

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME D MATHEWS, KASEY M
STREET ADDRESS TRITON COURT
CITY-ST-ZIP BOCA RATON FL 33434

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME P MATHEWS, LUCILLE M
STREET ADDRESS 10571 B. LADY PALM LANE
CITY-ST-ZIP BOCA RATON FL 33498

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

561 481 4855
Daytime Phone #

CR2E034 (11/98)