

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**  
 07-12-1999 90010 050 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # 429026  
 Corporation Name EDWARD A. MATSON, INC.



Principal Place of Business: 101 SOUTH ANDREWS AVE, FT. LAUDERDALE FL 33316  
 Mailing Address: 2101 SOUTH ANDREWS AVE, FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 06/22/1973  
 4. FEI Number: 59-1471582  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

2a. Mailing Address: 26  
 27  
 28  
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 30

9. Name and Address of Current Registered Agent  
 MATSON, EDWARD  
 1606 SE 12 CT.  
 FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: FL

I, 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	
NAME	PD MATSON, EDWARD [ ] DELETE
STREET ADDRESS	1606 SE 12TH CT. FT. LAUDERDALE FL 33316
CITY-STATE-ZIP	
NAME	SD MATSON, MARY [ ] DELETE
STREET ADDRESS	1606 SE 12TH CT FT. LAUDERDALE FL 33316
CITY-STATE-ZIP	
NAME	V CIPOLATO, MICHAEL [ ] DELETE
STREET ADDRESS	8550 SW 109 AVE #222 MIAMI FL
CITY-STATE-ZIP	
NAME	V LOWE, STEVEN [ ] DELETE
STREET ADDRESS	2723 S DAYTONA AVE. FTGLER BCH FL
CITY-STATE-ZIP	
NAME	V DAVID MATSON [ ] DELETE
STREET ADDRESS	516 NE 12 AVENUE FT. LAUDERDALE, FL 33301
CITY-STATE-ZIP	
NAME	V WILLIAM VIZCAINO [ ] DELETE
STREET ADDRESS	2655 S. BAYSHORE DR, APT 212 COCONUT GROVE, FL 33133
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE: Edward A. Matson, Pres 7/7/99

CR2E034 (5/99)