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 27, 1999 8:00 am
Secretary of State
07-27-1999 90031 028 ***175.00

U06/585

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P97000024871

596891 - 90031 - 28

1. Corporation Name
MATT NEAL, INC.

Principal Place of Business	Mailing Address
4695 N UNIVERSITY DR LAUDERHILL FL 33313	4695 N UNIVERSITY DR LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/17/1997	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0734221	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

NEAL, MATT
3241 N UNIVERSITY DR
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEAL, MATT B 4330 N. REFLECTION BLVD. #205 SUNRISE FL 33351	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 7/9/99 954-747-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

546891-90031-28
P97000024877

MATT NEAL, INC.
4695 N. UNIVERSITY DRIVE
LAUDERHILL, FLORIDA 33351
(954)747-3893

JULY 9, 1999

FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: 1999 ANNUAL CORPORATION REPORT

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE ANNUAL CORPORATE REPORT FOR MY CORPORATION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE INITIAL FORMS REQUIRED TO FILE THIS REPORT. I WAS NOT AWARE THAT IT WAS LATE OR NOT FILED UNTIL I RECEIVED THE SECOND NOTICE PACKAGE. I HAVE IN THE PAST FILED ON A TIMELY BASIS. ENCLOSED PLEASE FIND CHECK # 3472 IN THE AMOUNT OF $175.00 WHICH REPRESENTS PAYMENT FOR THE FILING FEE'S. PLEASE UNDERSTAND MY SITUATION AND ACCEPT MY APOLOGIES FOR THIS OVERSIGHT.

IF THERE ARE ANY QUESTIONS REGARDING THIS INFORMATION, PLEASE CONTACT MY ACCOUNTANT'S OFFICE BERNARD DODDO, C.P.A. @ (954)680-4818 AS I AM FORWARDING ALL INFORMATION WITH REGARDS TO THIS REPORT TO HIS OFFICE.

SINCERELY,

MATT NEAL, INC.

MATT NEAL
PRESIDENT