

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000751 (8)

1. Corporation Name

MATT BREWING CO., INC.

Principal Place of Business

811 EDWARD ST.
UTICA NY 13502

Mailing Address

811 EDWARD ST.
UTICA NY 13502



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		-16-1343083 16-1343803		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MUTH, GORDON
624 FLAMINGO DR.
UNIT 212
VENICE FL 34285

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

W. Muth

President

1-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT, FRANCIS X II	1.2 NAME	<i>Vice President</i>
STREET ADDRESS	130 PARIS ROAD	1.3 STREET ADDRESS	<i>Matt, Alfred D</i>
CITY-ST-ZIP	NEW HARTFORD NY 13413	1.4 CITY-ST-ZIP	<i>728 1/2 Norton Avenue</i>
TITLE	DVCP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT, NICHOLAS O	2.2 NAME	
STREET ADDRESS	36 JORDAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT, WALTER J	3.2 NAME	
STREET ADDRESS	8 SOLDIER'S PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14222	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT, J. KEMPER	4.2 NAME	
STREET ADDRESS	5 MEADOW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT, FRANCIS X II	5.2 NAME	
STREET ADDRESS	130 PARIS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT, NICHOLAS O	6.2 NAME	
STREET ADDRESS	36 JORDAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	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.

SIGNATURE

W. Muth

SIGNATURE

W. Muth

1-12-98 (315)732-3181

CR2E034 (10/97)