

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Aug 20 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 288857 (6)**

1. Corporation Name  
**CARL MATUSEK, INC.**



Principal Place of Business  
**8536 NW 66 ST.  
MIAMI FL 33166  
US**

Mailing Address  
**P.O. BOX 526243  
MIAMI FL 33152  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1965</b>	3a. Date of Last Report <b>04/27/1995</b>
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number <b>59-1084269</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30	Country	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**MATUSEK, JOHN  
8536 N.W. 66 STREET  
MIAMI FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>MATUSEK, JOHN</b>	
STREET ADDRESS	<b>8536 NW 66 ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HASSELBRING, MARK A.</b>	
STREET ADDRESS	<b>8536 NW 66 STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MATUSEK, KATHERINE D</b>	
STREET ADDRESS	<b>8536 NW 66 STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**300001927173**  
**-08/20/96--01139--007**  
**\*\*\*375.00**

8/20/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Matusek* **JOHN MATUSEK** 8/17/96 (305) 477-4333

CR2E034 (3/96)