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

FILED PROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (6) 288857 CARL MATUSEK, INC. Principal Place of Business Mailing Address 8536 NW 66 ST. P.O. BOX 526243 MIAMI FL 33186 MIAMI FL 33152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1965 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1084269 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zω Country This corporation owes or has paid the current year Intangible Yes □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MATUSEK, JOHN 8536 N.W. 66 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 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 protest 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 PTD DELETE Change Addition TITLE 1.1 TITLE MATUSEK, JOHN NAME 1.2 NAME 8536 NW 66 ST. STREET ADDRESS 1.3 STREET AODRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HASSELBRING, MARK A. NAME 22 NAME 8536 NW 66 ST. STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIE 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition MATUSEK, KATHERINE D NAME 3.2 NAME 8536 NW 66 ST. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 suppliemental 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

4/20/06