

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

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90008 030 \*\*\*550.00

0022855

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 288857

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3409-B NW 72 AVE, 22 Suite, Apt. #, etc., 23 MIAMI FL, 24 33122, 25 US  
 2a. Mailing Address: 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

3. Date Incorporated or Qualified: 01/18/1965  
 4. FEI Number: 59-1084269  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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

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

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MATUSEK, JOHN	
STREET ADDRESS	8536 NW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HASSELBRING, MARK A.	
STREET ADDRESS	8536 NW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATUSEK, KATHERINE D	
STREET ADDRESS	8536 NW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
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		
1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATUSEK, JOHN	
1.3 STREET ADDRESS	3409-B NW 72 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATUSEK, KATHERINE D	
3.3 STREET ADDRESS	3409-B NW 72 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33122	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 6/23/99 (305) 477-4333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)