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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 561784

1. Corporation Name

(0)

FILED Feb 12 1996 8:00 am Secretary of State

MATSU	, INC.						
Principal Place	of Business	Mailing Address				i di Br Sibir diğir dibil bibli Sibir Bibir dib	./) 100/
D/B/A/ BAGEL HOST 248 S. UNIVERSITY DRIVE PLANTATION FL 33324		D/B/A/ BAGEL HOST 248 S. University Drive Plantation Fl 33324					
					3. Date Incorporated or Qualified 03/13/1978	3a. Date of Last Report 04/18/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FEI Number 59-1804506	Applied Not App	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	Be
Ζιρ 24	Country 25	7ip	Country		8. This corporation has liability for		
	9. Name and Address of Curre		1001		10. Name and Address of New F	·	
			81	Name			,
	, marian Iniversity dr		82	Street Addre	ess (P.O. Box Number is Not Acceptab	(ek	
PLANTATION FL 33324			83	,		16	
			84	City	······································	FL 85 Zip Code	
I or registere	o the provisions of Sections 607.050 of agent, or both, in the State of Flo n, and accept the obligations of, Sec	rida. Such change was author	rized by the corp	named corpora oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changing its registere ointment as registered agent.	office
SIGNATURE							
12.	Signature, typeo or printed name of registered age OFFICERS At	et and tille if applicable () ND DIRECTORS	NOTE: Registered Agen	1 signature required	when reinstating: ADDITIONS/CHANGES TO OFF	DATE	12
II'LE	PD	[] DEFELE	1 1 TITLE		ADDITIONS/OF ANGLES TO OFF		ddition
NAME	Berger, Marian		1.2 NAME	ĺ		"_	
STACEL ADDRESS	861 S.W. 88TH TERRACE		1.3 STREET	ADDRESS			
CHY-S1-ZIP	PLANTATION FL		1.4 CITY-S	I - ZIP			
T:1LF		DEFELE	2 1 TITLE			Change A	ddition
NAME SPICELADORESS			2 2 NAME 2 3 STREET	ADDOCDO			
C-1Y - \$1 - ZiP			24 CITY-S				
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STREET ADDRESS			53 STREET				
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NAME STREET ADDRESS			62 NAME 63 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-S	1			
14 Ldo borely	cortify that the information a police	Luith this flips is voluntarily for			or the exemption stated in Section 110	07/2VIA Florido Statutos I fue	dhar

4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fhorida 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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(La June 1000) 3 4

CR2E034 (12/95)