

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000784 (0)

1. Corporation Name

MATVEST, INC.



Principal Place of Business

29500 SOUTHFIELD
SUITE 100
SOUTHFIELD MI 48076
US

Mailing Address

29500 SOUTHFIELD RD.
SUITE 100
SOUTHFIELD MI 48076
US

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
04/18/1995

4. FEI Number

38-2234196

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE D FUNDS
2880 W OAKLAND PARK BLVD SUITE 221
FT LAUDERDALE FL 33311

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 607.0506, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and the date of signature

Signature typed or printed name of new registered agent and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	KALTZ, ROGER J	
STREET ADDRESS	39500 SOUTHFIELD RD., STE 100	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERRA, RAY	
STREET ADDRESS	29500 SOUTHFIELD RD SUITE 100	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	FUNDS, GEORGE D	
STREET ADDRESS	29500 SOUTHFIELD RD., STE. 100	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAPIERRE, ROBERT	
STREET ADDRESS	29500 SOUTHFIELD RD., STE 100	
CITY-ST-ZIP	SOUTHFIELD MI	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	29500 Southfield Rd, Ste 100
1.4 CITY-ST-ZIP	Southfield MI 48076
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Southfield, MI 48076
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Southfield MI 48076
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond Berra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (12/95)