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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F9200000784 (0)

MATVEST, INC.

## FILED May 13 1998 8:00am Secretary of State

| Principal Place of Business   | Mailing Address                   |                                   |  |
|-------------------------------|-----------------------------------|-----------------------------------|--|
| 29500 SOUTHFIELD<br>SUITE 100 | 29500 SOUTHFIELD RD.<br>SUITE 100 | 11.                               |  |
| SOUTHFIELD MI 48076           | SOUTHFIELD MI 48076               | DO NOT WRITE IN THIS SPACE        |  |
| U\$                           | U\$                               | 3. Date Incorporated or Qualified |  |

| SOUTHFIELD MI 480/6 SOUTHFIELD MI 48                         |                        | FIELD MI 480/6             | ь                  |   | DO NOT WRITE IN THIS SPACE |  |   |   |  |  |
|--|------------------------|----------------------------|--------------------|---|----------------------------|--|---|---|--|--|
| l  | J\$<br>_               |                            | US                 |   |                            |  | 3. Date Incorporated or Qualified 12/03/1992  |   |  |  |
| 2.   | Principal Place of Bus | ness                       | 2s. Mail           | ng Address  |                            | ······································       | 4. FEI Number   | Applied For                                 |  |  |
| 21   |                        |                            | 26                 |   |                            |  | 38-2234196  | Not Applicable                              |  |  |
| 22   | Suite, Apt. #, etc.    |                            | Suite              | , Apt. #, etc.  |                            |  | 5. Certificate of Status Desired  | 8.75 Additional<br>Fee Required             |  |  |
| 23   | City & State           |                            | City               | & State   |                            |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees              |  |  |
| 24   | Zip                    | Country<br>25              | Z(p)               | 30  | ountry                     |  | 8. This corporation owes or has paid the current Personal Property Tax due June 30.                       |   |  |  |
| Name and Address of Current Registered Agent GEORGE D FUNDS  |                        |                            |                    |   |                            | 10. Name and Address of New Registered Agent |   |   |  |  |
|  |                        |                            |                    |   |                            | Name   |   | •   |  |  |
| 2880 W OAKLAND PARK BLVD SUITE 221<br>FT LAUDERDALE FL 33311 |                        |                            |                    |   | 82                         | Street Addre                                 | ess (P.O. Box Number is Not Acceptable)   |   |  |  |
|  |                        |                            |                    |   | 83                         |  |   |   |  |  |
|  |                        |                            |                    |   | 84                         | City   | FL  | 5 Zip Code                                  |  |  |
| 11   | office or registered a | gorit, or both, in the Sta | ite of Florida. Su | 08, Flori <b>da Sta</b> tutes, the<br>ich change was authori<br>lion 607.0505, Florida Si | ed by                      | the corporati                                | oration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint | anging its registered<br>ment as registered |  |  |
| SI   | GNATURE                |                            |                    |   |                            |  |   |   |  |  |

|                | Signature, typed or printed name of registered agent and title if appl |        | . Registered Agent signature requi |   |                   |
|----------------|--|--------|------------------------------------|---|-------------------|
| 12.            | OFFICERS AND DIRECTOR  |        | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |                   |
| TITLE          | DCPT   | DELETE | 1.1 TITLE                          | ☐ Change                                    | Addition          |
| NAME           | KALTZ, ROGER J   |        | 1.2 NAME                           |   |                   |
| STREET ADDRESS | 29500 SOUTHFIELD ROAD SUITE 100  |        | 1.3 STREET ADDRESS                 |   |                   |
| CITY-ST-ZIP    | SOUTHFIELD MI  |        | 1.4 CITY - ST - ZIP                |   |                   |
| TITLE          | <b>VP</b>  | DELETE | 2.1 TITLE                          | ☐ Change                                    | Addition Addition |
| NAME           | <b>BE</b> RRA, RAY   |        | 2.2 NAME                           |   |                   |
| STREET ADDRESS | 29500 SOUTHFIELD RD SUITE 100  |        | 2.3 STREET ADDRESS                 |   |                   |
| CITY-ST-ZIP    | \$OUTHFIELD MI   |        | 2. 4 CITY-ST-7IP                   |   |                   |
| TITLE          | VPS  | DELETE | 3.1 TITLE                          | Change                                      | Addilio           |
| NAME           | Funds, George D  |        | 3.2 NAME                           |   |                   |
| STREET ADDRESS | 29500 SOUTHFIELD RD., STE. 100   |        | 33 STREET ADDRESS                  |   |                   |
| CITY-ST-ZIP    | <b>SOUTHFIELD MI</b>   |        | 3 4. CMY-ST-ZIP                    |   |                   |
| TITLE          |  | DELETE | 4.1 TITLE                          | ☐ Change                                    | Addition          |
| NAME           |  |        | 4. 2 NAME                          |   |                   |
| STREET ADDRESS |  |        | 4.3 STREET ADDRESS                 |   |                   |
| CITY-ST-ZIP    |  |        | 4.4 CITY - ST - ZIP                |   |                   |
| TITLE          |  | DELETE | 5.1 TITLE                          | Change                                      | Addition          |
| NAME           |  |        | 5.2 NAME                           |   |                   |
| STREET ADDRESS |  |        | 5.3 STREET ADDRESS                 |   |                   |
| CITY-ST-ZIP    | _  |        | 5.4 CITY-ST-ZIP                    |   |                   |
| TITLE          |  | DELETE | 6.1 TITLE                          | Change                                      | Addition          |
| NAME           |  |        | 6.2 NAME                           |   |                   |
| STREET ADDRESS |  |        | 6.3 STREET ADDRESS                 |   |                   |
| OIT            |  |        | EACITY OF THE                      |   |                   |

14. Thereby 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.

ONATURE (200) 567-1234