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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000000784

1. Corporation Name

MATVEST, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90102 045 ***150.00



							IKK ul ik ul ik i uta k	IAIII EIEI IOO
Principal Place	of Business	Mailing Address	Mailing Address					
29500 SOUTHFIE	ELD	29500 SOUTHFIELD RD.						
SUITE 100		••••	SUITE 100			DO NOT WRITE IN T	LIS SPACE	
Southfield Mi Us	48076	SOUTHFIELD MF 480/6	SOUTHFIELD Mt 48076		3. Date Incorporated or Qualifed			
03		00				12/03/1992		,
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Ap	rlied For
21		26	26		38-2234196	No	ot Applicable	
Suite, Act.	#, etc.	Suite, Apt. #, etc.	 			5. Certifcate of Status Desired	\$8.75	Additional
22		27	27			5. Certifcate of Status Desired	Fee Re	ec uired
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added	tc Fees
Zip	Country Zip		Cou	Country		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		L.,		10. Name and Address of New Registe	red Agent	
05.01	DOE D SUNDO			81	Name			
GEORGE D FUNDS				82	Street	Address (P.O. Box Number is Not Acceptable)		
2890 W OAKLAND PARK BLVD SUITE 221 FT LAUDERDALE FL 33311								
FIU	AUDERDALE FL 33311			83				\
				84	City		85 Zip	Code
44 D 44 the analysis of Continue 607 0500 and 607 1508 Elorida Statu es the						corporation submits this statement for the purpos	e of changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.								
SIGNATUR=								
Signature, typed or printed name of registered agent and title if applicable. (NOTI: Rec				Agen	t signature r	required when reinstating) DATI ADDITIC NS/CHANGES TO OFFICERS		DRS IN 12
12.		INC DIRECTORS	13.	n.c		ADDITIC NS/CHANGES TO OFFICER:	Change	Addition
TITLE			1	1.1 TITLE			Change	
NAME KALTZ, ROGER J			1.2 N					
STREET ADDRES S 29500 SOUTHFIELD ROAD SUITE 100					ADDRESS			l
CITY-ST-ZIP				TY-\$1	-ZIP		☐ Change	Addition
TITLE	-			ΠE			Change	L] Addition
NAME				ME		Į.		{
STREET ADDRESS				REET	ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI			ITY-S	T-ZIP		Change	Addition
TITLE	""			TLE		<u> </u>	Change	
NAME	COLOR OF THE PROPERTY AND AREA			AME				Į
STREET ADDRESS				REET	ADDRESS			Į.
CITY-ST-ZIP				ITY-S	T-ZIP			- Addition
TITLE			4.1 TI				☐ Change	☐ Addition
NAME			4.21	AME				
STREET ADDRESS			4.3 S	REET	ADDRESS			Ţ
C/TY-ST-ZIP			4.4 C	TY-S1	-ZIP			
TITLE	☐ DELETE 5.1*					☐ Change	Addition	
NAME			5.2 N					}
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	ZIF			TY-S	r-ZIP			
TITLE		☐ DELETE	6.1 TI				☐ Change	Addition
NAME			. 6.2 N					
STREET ADORES			6.3 S	REET	ADDRESS			
CITY-ST-ZIP			6.4 C	TY-SI	r-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 a hual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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 apartiachment with an address, with all other like empowered.

SIGNATURE:

GEORGE D