FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

200 APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K13983 (7)

1. Corporate Name
MATUSKA ENTERPRISES, INC.

Principal Place of Business
2892 WESTBAY DRIVE
SUITE 12
BELLEAIR BLUFFS FL 34640

Mailing Address
2892 WESTBAY DRIVE
SUITE 12
BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 05/01/1994

2. Date of Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-2944209
Applied For
Not Applicable

Suite, Apt. # or
22
Suite, Apt. # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip
24
County
25
Zip
29
County
30

8. The corporation has filed, or intends to file under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TESTA, PHILIP J.
1712 W. BUFFALO AVENUE
TAMPA FL 33607

10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATUSKA, ZYGMUNT S.
STREET ADDRESS	450 HARBOR DRIVE
CITY, ST, ZIP	INDIAN ROCKS BCH FL
TITLE	D
NAME	MATUSKA, WANDA
STREET ADDRESS	450 HARBOR DRIVE
CITY, ST, ZIP	INDIAN ROCKS BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve as my office's notice of resignation from the position of officer or director of the corporation, or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, with an address.

SIGNATURE: 5/10/95 813 585 1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0459940 FF