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 # L33667

67 (

MAT-VAC ENTERPRISES, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	_{			
- 1190 US 1807 44 - UNIT 1 - CRMOND BEACH FL 32174 - US	- P.O. BOX 99	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1989			
2. Principal Place of Business 21 4/5 ORANGE AVE • Suite, Apt. #, etc	26. Mailing Address 26. P. O. BOX 2329 Suite. Apl. #, etc.	4. FEI Number Applied For Not Applied State Not Applied State Not Applied State Stat			
22 City & State 23 DAYTONA BEACH	27 City & State 28 DAYTONA BEACH	5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 32/14 25 U.S.A 9 Name and Address of Curre	210 20 Country 30 USA	This corporation owes or has paid the current afair Intannible			
MICHAUD, JOSEPH L. 1180 US HWY #1	81 Name 82 Stree 83				

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							
Signature, typical or printed name of registered agent end title if against eithe. (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE		DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	MICHAUD, JOSEPH L.		1.2 NAME				
STREET ADDRESS	57 BLACK BEAR LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZNP			2.4 CITY - ST - ZIP				
TITLE		DELETE	3 1 TITLE		Change	Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4. CITY - ST - ZIP			J	
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			ı	
STREET ADDRESS			5 3 STREET ADDRESS			į į	
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				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the occeiver or trustee emporement to execute his report as required by phapter 607. Forda Statutes; and that my name appears in Block 12 or Block 13 if changed, or oping the production of the occeiver or trustee emporement in the production of the occeiver or trustee emporement in the occurrence of the occurrence occurrence of the occurrenc

CIONATURE.

CR2E034 (10/97)

04-238-7017