## 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 # L65872 (8)

THE MATZEL ORGANIZATION, INC.

· 1 11 1000 M2277111-1009

**FILED** 

Apr 22 1998 8:00am

Secretary of State

28 BNADYMNE LINE OOTE NECK PL 07722  28 BNADYMNE LINE OOTE NECK PL 07722  29 DO NOT WHITE IN THIS SPACE  3. Data incorporated or Qualified O4/12/1990  4. PFI haunter O4/12/1990  5. Do Not White In THIS SPACE  5. Do No				<del></del>			
COUTE NECK FL 07722  DO NOT WRITE IN THIS SPACE  3. Date Incorporation of Disalined or Disalined Ovid 12/1980  4. Pinnipal Place of Susines  24. Making Archross  3. Date Incorporation of Susine Desired  25. Suite. April 4, etc.  Suite. April	Principal Place	of Business	Mailing Address				
B. Principal Place of Business   2a. Making Address   2b. Making Address   2c. Making Address							
E. PRIORIDIA Place of Rusiness   2a. Mealing Address   4. Filt handlow   Aspired For   Net Applicable   22-3038580   State April 1, etc.   Solido April 1, etc.			***************************************				THIS SPACE
22, Mail-ig Actores   22, Mail-ig Actores   22, 3036560   Applied for Month State Desired   Sept. Applied for Month State Desired Spent Desired Applied Spent Month State Desired Spent Desired Applied Spent Desired Sp							
Suite, Apt. 6, etc.			····			7.7.4.4.4.4	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A	2. Principal Pla	ace of Business	}¬				<del>                                     </del>
City & State   Cory	Suite, Apt.	#, <b>et</b> c.	<del>-</del>				¬ \$8.75 Additional
Tusis Fund Contribution			27			5. Certificate of Status Desired	Fee Required
Zpp Country 29 30	_ `		—————————————————————————————————————			· - ,	
8. Name and Address of Current Registered Agent  WRIGHT, KENNETH W 20 N. ORANGE AVENUE, SUITE 1000 ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Suctions 807 0504 and 607 1508, Florada Statutes, the above-reamed corporation shown for Street changes was sufficiently be corporations board of directors. Thereby accept the exponents as registered agent ion both, in the Street of Indian Statutes, the above-reamed corporation is board of directors. Thereby accept the exponents as registered specific and familiar indian advantage was authorized by the corporations board of directors. Thereby accept the exponents as registered specific and familiar indian advantage was sufficiently be corporations board of directors. Thereby accept the exponents as registered specific and familiar indian advantages and the specific and familiar indian advantages and the specific and familiar indians.  SIGNATURE    Description   Descripti		Country		Count	ry		
### STATEL BRUCE   DELETE   1 STATEL BRUCE   DELETE   DEL	<del>-</del>	├ <del></del> ¬ ′	<u></u>	30	•	1	
WINKERT I. REPRETATION 2 N. N. DANGE AKENUE, SUITE 1000 ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions E07 0'.02 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing his registered of spent or both, in the Softic of Fortis Such change was submit of 200 by the corporation's board of directors. Thereby accept the appearance is registered of spent 1 and making with and accept the obligation of Social Conf. Soc	<del></del>			11		10. Name and Address of New Regis	stered Agent
20 N. ORANGE AVENUE, SUITE 1000 ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607 01.07 and 607 1508, Florida Stalutes. The above-manced corporation submits this statement for the purpose of changing its registered agent. I are familiar with, and accept the chipptions of, Socions 607.0505, Florida Stalutes. The above-manced corporation submits this statement for the purpose of changing its registered agent	WA	IGHT. KENNETH W		8	1 Name	_	
ORLANDO FL 32801  883  84			100		2 Street Add	trace (P.O. Boy Number is Not Acceptable	1
Salar   Sala			••	ľ	Sireer Add	ress (F.O. DOX NUMBER IS NOT ACCEPTABLE	
11. Pursuant to the provisions of Sociens 507.0/20 and 507.15/08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the ediplications of Sociens 607.05/06, Florida Statutes.  SIGNATURE    Signature	<b>311</b>			8	3		
11. Pursuant to the provisions of Sociens 507.0/20 and 507.15/08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the ediplications of Sociens 607.05/06, Florida Statutes.  SIGNATURE    Signature					A City		as Zin Code
office or registered agent, or both, in this State of Fiords. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and remained with an accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's board of directors. Thereby accept the appointment as registered agent accept the corporation's part of the accept the corporation's part of the accept the appointment as registered agent accept the accept t				6	City		FL   S   Z   Code
Addition    Addition   Addition   Addition	11, Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statul	es, the abo	ve-named cor	poration submits this statement for the pur	pose of changing its registered
SIGNATURE  Signature, typed or proted inner of Egyptimed spore in at time diapposable	office or re	e <b>gistere</b> d agent, or both, in the State <b>n fam</b> iliar with, and accept the obligi	-of Florida-Such change was r alions of, Section 607.05 <b>05,</b> Fl	authorized i orida Statut	by the corpora es.	ation's board of directors. I hereby accept t	the appointment as registered
TILLE  TO FFICERS AND DIRECTORS IN 12  TITLE  TO FFICERS AND DIRECTORS IN 12  THE SD MATZEL, BRUCE  21 BRANDYMINE LANE  COLTE NECK FL 07722  TITLE  SD MATZEL, GRADINE  22 NAME  23 SIBERI ADDRESS  CITY-ST-2P  TITLE  COLTE NECK FL 07722  DELETE  21 TITLE  21 TITLE  COLTE NECK FL 07722  DELETE  31 TITLE  32 NAME  33 SIBERI ADDRESS  CITY-ST-2P  TITLE  DELETE  31 TITLE  31 TITLE  32 NAME  34 CITY-ST-2P  TITLE  ADDRESS  CITY-ST-2P  DELETE  31 TITLE  DELETE  31 TITLE  ADDRESS  CITY-ST-2P  DELETE  41 TITLE  ADDRESS  CITY-ST-2P  DELETE  51 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LACITY-ST-2P  LACITY-ST-2P	•						
ITILE MATZEL, BRUCE 12 MAME 13 STREET ADDRESS 14 CHTV-ST-ZIP 17 MAME 12 MAME 12 MAME 13 MAME 14 MAME 15 MERET ADDRESS 15 MET ADDRESS 15 MET ADDRESS 15 MET ADDRESS 15 MET ADDRESS 15 MAME 15 META ADDRESS 15 META MAME 15 MAME 15 META MAME 15	SIGNATURE	Signature, typed or printed name of registered ag-	ru and title diapplicable (NOI	E Registered A	gent signature requ		
MATZEL, BRUCE 21 BRANDYWINE LANE CITY-ST-ZIP COLTE NECK FL 07722  1.4 CITY-ST-ZIP SD DELETE 2.1 TITLE SD DELETE 2.1 TITLE MAME MATZEL, GERALDINE 2.2 MAME STREET ADDRESS CITY-ST-ZIP COLTE NECK FL 07722  2.4 CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME 3.3 STREET ADDRESS CITY-ST-ZIP MAME 3.4 CITY-ST-ZIP MAME 4.7 MAME STREET ADDRESS CITY-ST-ZIP MAME 4.7 MAME 4.7 MAME 5TREET ADDRESS CITY-ST-ZIP MAME 5TREET ADDR	12.				····	ADDITIONS/CHANGES TO OFFICE	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP SD	TITLE	1	☐ DELETE				L Cuange L Addition
CITY-ST-ZIP COLTE NECK FL 07722  ITITE SD	NAME						
ITITLE NAME STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP CIT	STREET ADDRESS			1.3 STRE	ET ADDRESS		
MAME MATZEL, GERALDINE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP COLTE NECK FL 07722 2 4 CITY-ST-ZIP COLTE NECK FL 07722 2 1 DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP CHange Addition NAME 4 1 TITLE 34 CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE A	CITY-ST-ZIP		Drutte				Change Addition
STREET ADDRESS CITY-ST-ZIP COLTE NECK FL 07722  DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITL			[_] DECERE				Citaride Cityonum
COLTE NECK FL 07722  2 4 CITY-ST-ZIP  DELETE 3 1 TITLE 3 1 TITLE 3 2 NAME 3 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4 1 TITLE 4 1 TITLE 4 2 NAME 4 2 NAME 4 2 NAME 5TREET ADDRESS CITY-ST-ZIP 5 1 TITLE 5 1 TITLE 5 1 TITLE 5 1 TITLE 5 NAME 5 2 NAME 5 2 NAME 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP 5 1 TITLE 5 1 TITLE 5 1 TITLE 5 NAME 5 2 NAME 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP 5 3 A CITY-ST-ZIP 5 A CITY-ST-Z	1			I -			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  DELETE  41 TITLE  42 NAME  42 NAME  44 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  62 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  63 STREET ADDRESS  CITY-ST-ZIP  TITLE  64 CITY-ST-ZIP  TITLE  65 NAME  66 STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition	1	<del>-</del>					
NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A. CITY-ST-ZIP  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  DELETE  5.4 CITY-ST-ZIP  DELETE  5.4 CITY-ST-ZIP  DELETE  5.5 A CITY-ST-ZIP  DELETE  5.6 CITY-ST-ZIP  DELETE  5.7 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.8 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition		COLIE NECK FL 0//22	DELETE				Change Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  AAME  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  AAGIIV-ST-ZIP  TITLE  DELETE  41 TITLE  ACCITY-ST-ZIP  TITLE  DELETE  51 TITLE  52 NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51 TITLE  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  61 TITLE  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  TITLE  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP  AAGIIV-ST-ZIP  TITLE  AAGIIV-ST-ZIP							C overify C vicense
Addition    City-st-zip							
TITILE    DELETE   41 TITLE   Change   Addition	i i						
NAME STREET ADDRESS CITY-ST-ZIP  DELETE 51 TITLE  DELETE 51 TITLE  Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 51 TITLE  Change Addition  Addition  STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 TITLE  NAME 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 recognization or the recognization of the recognization of the recognization or the recognization of the recognization or the recognization or the recognization of the recognization or the recog			DELETE	_			Change Addition
STREET ADDRESS CITY-ST-ZIP  DELETE 51 TITLE  DELETE 51 TITLE  Change Addition  Addition  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  Letter  Change Addition							• —
CITY-ST-ZIP  TITLE  DELETE  51 TITLE  STREET ADDRESS  CITY-ST-ZIP  54 CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  1. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that I am an office ated 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 office or director of the proporation or the recipiour of the recip	j			1			
TITLE  DELETE 51 TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  DELETE 6.1 TITLE  Change Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition	· ·						
NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-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 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 proporation or the receiver or truesce empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	TITLE		DELETE				Change Addition
STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  DELETE  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  14. I hereby cardify 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 proporation or the receiver or truesce emowared to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	NAME			5.2 NAM	E		
CITY-ST-ZIP    DELETE   5.4 CITY-ST-ZIP   6.1 TITLE   Change   Addition	STREET ADDRESS			5.3 STRE	ET ADDRESS		
TITLE  DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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	CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
STREET ADDRESS  CITY-ST-ZIP  14. 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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	TITLE	<u>-</u>	DELETE	6.1 TITU			Change Addition
6.4 CITY-ST-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 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	NAME			6.2 NAM	E		
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 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	STREET ADDRESS			6.3 STRE	ET ADDRESS		
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 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·
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	14. Lhereby c	certify that the information supplied w	rith this filing does not qualify f	or the exen	ption stated in	n Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the information
Block 12 or Block 13 il chafged, or on an attachment with an address.	officer or o	director of the corporation or the rec-	eiver or trustee empowered to	execute thi	s report as re	quired by Chapter 607, Florida Statutes; ar	nd that my name appears in
H 1: The File of the Manual Manual Manual	Block 12 o	or Block 13 il chaffged, or on an atta					