SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90004 045 ***150.00

DOCUMENT #	M84801

FRANK S. MATROZZA, INC.

Principal Place	of Business	Mailing Address			-{	ATOTA BIBAT BIBAT BIBAT BIBAT BABAT 1901
A131 FOY TRACE F						•
8788 SE WOODWIND ST WAON 9 8788 SE WOODWIND ST W			WIL	0N9		
BOYNTON BCH FL 33436 BOYNTON BCH FL 33436			d	DO NOT WRITE IN THIS SPACE		
us		US		_	3. Date Incorporated or Qualified	
					06/03/1988	
2. Principal Pl	ace of Businese	2a. Mailing Address.	. 1 .	- F	4. FEI Number	Applied For
21 4/3	I POX IMCE Z	 	AC	<u>e L</u>	65-0052159	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	IT Was IFI	City & State	~/	D1	6. Election Campaign Financing	\$5.00 May Be
23 BOY 1	ULON PEACL!!	28 18 0 / 11 / 1010 VICHU	4_	//	Trust Fund Contribution	Added to Fees
, ^{∠ip} /		1 00 1/0 / 1 1	ountry (/	CA	 This corporation owes the current year Intangible Personal Property. 	Yes No
24 23 9	9. Name and Address of Current	29 33436 30 Begintered Agent	<u> </u>	<u> </u>	10. Name and Address of New Registe	
	9. Name and Address of Culteria	Agusterou Agent	81	Name	TO, Italia and Address of Italy Hogista	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BAS	is donald l					
716	6 S.E. OSPREY STREET		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
HOE	BE SOUND FL 33455		83			
			84	City		FL 85 Zip Code
44 Dumumt	to the provisions of spations 607 0502	and 607 1509 Florida Statutas tha	abovo-	named comors	ation submits this statement for the purpose	
office or a	registered agent, or both, in the State o	f Florida. Such change was authori	zed by	the corporation	n's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, section 607.0505, Florida S	tatutes	i.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if enricable (NOTE: Rec	istered A	gent signature requir	red when reinstating) DA	ATE
12.	OFFICERS AND		3.	gg.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE 1.º	TITLE			Change Addition
NAME	MATROZZA, FRANK S.		NAME	ì		
STREET ADDRESS	4131 FOX TRACE E.	1.3	STREET	ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL	1.0	CITY-ST	-ZiP		
TITLE		DELETE 2:	TITLE			Change Addition
NAME		• -	NAME	~		
STREET ADDRESS		2.3	STREET	ADDRESS		
CITY-ST-ZIP		2.4	CITY-ST	-ZiP		
TITLE		DELETE 3.	TITLE			Change Addition
NAME		3.	2 NAME			
STREET ADDRESS		3.3	STREET	ADDRESS .		
CITY-ST-ZIP		3.4	CITY-ST	-ZiP		
TITLE		DELETE 4.	1 TITLE			Change Addition
NAME		4.3	NAME			
STREET ADDRESS		4.3	STREET	ADDRESS		
CITY-ST-ZIP		4.4	CITY-ST	-ZIP		
TITLE		DELETE 5.	TITLE			Change Addition
NAME		5.2	NAME	ļ		
STREET ADDRESS		5.3	STREET	ADDRESS		
CITY-ST-ZIP		5.4	CITY-ST	-ZIP		
TITLE		DELETE 6.	TITLE			Change Addition
NAME			NAME			
STREET ADDRESS		6.3	STREET.	ADDRESS	•	\.
CITY-ST-ZIP			CITY-ST			
	ertify that the information supplied with the	nis filing does not qualify for the exe	mption	stated in secti	on 119.07(3)(i), Florida Statutes. I further ce	rtify 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED AND TYPE OR PRINTED BY DESCRIPTION OF PRINTED BY DESCRIP

FRANK S. MATROZZA 4131 FOX TRACE EAST BOYNTON BEACH, FL-33436