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

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**PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000064048 (9) DOCUMENT # MATTHEW W. JONES ENTERPRISES, INC. Principal Place of Business Mailing Address **6560 RACQUET CLUB DR** 6560 RACQUET CLUB DR LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 2613 Grace Drive 21 2613 Grace 65-0521008 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Ft, Laude Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes A No Zφ 33316 Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JONES, MATTHEW W 6560 RACQUET CLUB DR 82 LAUDERHILL FL 33319 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DEL ETE TITLE 1.1 TITLE Change Addition JONES, MATTHEW W NAME 1.2 NAME 6560 RACQUET CLUB DR STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Change Addition THTLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE \_\_\_ Addition TITLE 62 NAME HAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 corporation or the review or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on property is an address.

FILED

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