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

PROFIT CORPORATION **ANNUAL REPORT**

NAME STREET ADDRESS

CITY-ST-ZIP

anged, or on an attachment wit



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

May 13 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000015743 (4)

MATHAR MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 300 NW 70TH AVENUE 3100 OLD ORCHARD ROAD SUITE 200 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE PLANTATION FL \$3317 3. Date Incorporated or Qualified 02/24/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 3100 PLD ORCHARD 26 65-0559671 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing DAVIE Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 24 33328 25 BROWASD 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARSHMAN, RONALD C 3100 OLD ORCHARD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33328 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed hadre of registers diagent and title Tapp scabin (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRLCTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1 1 TITLE Change TITLE HARSHMAN, RONALD C NAME 1.2 NAME 3100 OLD ORCHARD ROAD STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE KAPLAN, JAMES M 2.2 NAME NAME 8621 NW 54TH STREET STREET ADDRESS 2.3 STREE1 ADDRESS LAUDERHILL FL 2. 4 CITY - ST- 7IP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Channe Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

1/20/00

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 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