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Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041142 (7)

1. Corporation Name
MATT JAY, INC.



Principal Place of Business
4101 N. HIATUS ROAD #513
SUNRISE FL 33351

Mailing Address
4101 N. HIATUS ROAD #513
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 10735 N.W. 26th ST.
Suite, Apt. #, etc.

22 City & State
23 Sunrise FL

24 Zip 33322 25 Country USA

2a. Mailing Address
26 10735 NW 26th ST.
Suite, Apt. #, etc.

27 City & State
28 Sunrise FL

29 Zip 33322 30 Country USA

3. Date Incorporated or Qualified
05/22/1995

4. FEI Number 65-0587228
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWMAN, CLIFFORD M
4101 N. HIATUS ROAD #513
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name CLIFFORD M. NEWMAN
82 Street Address (P.O. Box Number is Not Acceptable) 10735 N.W. 26th STREET
83
84 City Sunrise FL 85 Zip Code 33322

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 Clifford M. Newman
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/98
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NEWMAN, CLIFFORD M
STREET ADDRESS 4101 N. HIATUS ROAD #513
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifford M. Newman

4/8/98

954-746-2686

CR2E034 (10/97)