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

POCUMENT # P9700096209 (6)

THE MATCHBOX, INC.

1

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 1750 ESTERO BLVD 1750 ESTERO BLVD FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0796021 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAROSA, STEPHEN R 1750 ESTERO BLVD Street Address (P.O. Box Number is Not Acceptable) FT MYERS BEACH FL 33931 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE LAROSA, STEPHEN R NAME 1.2 NAME 1750 ESTERO BLVD STREET ADDRESS 1.3 STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE LAROSA, PETER NAME 2.2 NAME **624 SEABREEZE BLVD** STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL 2.4 CITY-ST-ZIP DOY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET 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 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.

3/12/98 (941) 765-4884

FILED

Mar 25 1998 8:00am

Secretary of State