

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **429026** (8)

1. Corporation Name  
**EDWARD A. MATSON, INC.**



Principal Place of Business: **5580 N.W. 78TH AVENUE MIAMI FL 33166-4120**  
Mailing Address: **5580 N.W. 78TH AVENUE MIAMI FL 33166-4120**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 County  
25  
2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 County  
30

3. Date Incorporated or Qualified: **06/22/1973**  
3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **59-1471582**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MATSON, EDWARD  
240 SOUTHWEST 124 AVENUE  
MIAMI FL 33184**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(2), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(5), Florida Statute.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATSON, EDWARD	
STREET ADDRESS	240 S. W. 124TH AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATSON, MARY	
STREET ADDRESS	240 SW 124TH AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOHAM, STEPHEN	
STREET ADDRESS	11031 SW 51 TERRACE	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CIPOLATO, MICHAEL	
STREET ADDRESS	8550 SW 109 AVE #222	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOWE, STEVEN	
STREET ADDRESS	2723 S DAYTONA AVE.	
CITY, ST, ZIP	FLGLER BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(k), Florida Statutes. I further certify that the information reported on this 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 officer 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 of this report as the only person in an address.

SIGNATURE: *Edward A. Matson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96 305-592-6235

CR2E034 (12/95)