

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F65287** (7)
1. Corporation Name
THOMAS J. MATKOV, P.A.



Principal Place of Business: **4000 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2398**

Mailing Address: **4000 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2398**

3. Date Incorporated or Qualified: **02/01/1982** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2160727** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **12881 S.W. 63rd Court**
State, Apt. #, etc.:
22. City & State: **Miami, FL.**
23. Zip: **33156** Country: 25. 26. 27. 28. 29. 30.

2a. Mailing Address: **12881 S.W. 63rd Court**
State, Apt. #, etc.:
27. City & State: **Miami, FL.**
28. Zip: **33156** Country: 29. 30.

9. Name and Address of Current Registered Agent: **MATKOU, THOMAS J
4000 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2398**

10. Name and Address of New Registered Agent: **81 Name
82 Street Address (P.O. Box Number is Not Acceptable):
12881 S.W. 63rd Court
83
84 City: **Miami** FL 85 Zip Code: **33156****

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	MATKOV, THOMAS J	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 200 SOUTH BISCAYNE BLVD.	MIAMI FL 33131-2398	1.2 NAME:	
3. CITY-STATE-ZIP: MIAMI FL 33131-2398		1.3 STREET ADDRESS: 12881 S.W. 63rd Court	
4. TITLE: <input type="checkbox"/> DELETE		1.4 CITY-STATE-ZIP: Miami, FL. 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME:		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS:		2.2 NAME:	
7. CITY-STATE-ZIP:		2.3 STREET ADDRESS:	
8. TITLE: <input type="checkbox"/> DELETE		2.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS:		3.2 NAME:	
11. CITY-STATE-ZIP:		3.3 STREET ADDRESS:	
12. TITLE: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS:		4.2 NAME:	
15. CITY-STATE-ZIP:		4.3 STREET ADDRESS:	
16. TITLE: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS:		5.2 NAME:	
19. CITY-STATE-ZIP:		5.3 STREET ADDRESS:	
20. TITLE: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS:		6.2 NAME:	
23. CITY-STATE-ZIP:		6.3 STREET ADDRESS:	
24. TITLE: <input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME:			
26. STREET ADDRESS:			
27. CITY-STATE-ZIP:			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Thomas J. Matkov** *Thomas J. Matkov* 2/8/96 305-529-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)