

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # **J81170 (9)**
1. Corporation Name
MATONIS, MACDERMOTT, DERANGO, SORICH & COMPANY



Principal Place of Business: % STEPHEN J. MATONIS, 255 S ORANGE AVE. STE 750, ORLANDO FL 32801
Mailing Address: % STEPHEN J. MATONIS, 255 S ORANGE AVE. STE 750, ORLANDO FL 32801

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 06/17/1987
3a. Date of Last Report: 05/31/1995
4. FEI Number: 59-2811665
5. Certificate of Status Desired: []
6. Election Campaign Financing Trust Fund Contribution: []
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent: MATONIS, STEPHEN J., 255 S ORANGE AVE, STE 750, ORLANDO FL 32801

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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, applicable) and (80) Registered Agent Signature and Address (Date)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--------|
| TITLE | DP | DELETE |
| NAME | MATONIS, STEPHEN J. | |
| STREET ADDRESS | 255 S ORANGE AVE 750 | |
| CITY- ST- ZIP | ORLANDO FL | |
| TITLE | DV | DELETE |
| NAME | DERANGO, DANIEL R. | |
| STREET ADDRESS | 255 S ORANGE AVE 750 | |
| CITY- ST- ZIP | ORLANDO FL | |
| TITLE | DVP | DELETE |
| NAME | MACDERMOTT, PAUL W. | |
| STREET ADDRESS | 255 S ORANGE AVE 750 | |
| CITY- ST- ZIP | ORLANDO FL | |
| TITLE | VP | DELETE |
| NAME | SORICH, MICHAEL S | |
| STREET ADDRESS | 255 S ORANGE AVE SUITE 750 | |
| CITY- ST- ZIP | ORLANDO FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY- ST- ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY- ST- ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY- ST- ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY- ST- ZIP | | |

14. I do 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (407) 843-3377

CR2E034 (12/95)