

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L79643** (7)  
1. Corporation Name  
**CHARLES S. MATTHEWS INSURANCE AGENCY, INC.**

Principal Place of Business Mailing Address  
3290 LEJEUNE ROAD 3290 LEJEUNE ROAD  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0197538** 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

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

9. Name and Address of Current Registered Agent  
**MATTHEWS, CHARLES S.**  
**3290 LE JEUNE ROAD**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **D/P**  
NAME **MATTHEWS, CHARLES S.**  
STREET ADDRESS **3290 LEJEUNE RD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134-7103**  
TITLE **V.P.**  
NAME **CHARLES S. MATTHEWS, JR.**  
STREET ADDRESS **3567 IVANHOE AVE.**  
CITY-ST-ZIP **BOYNTON BEACH, FL. 33436**  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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 **CHARLES S. MATTHEWS, JR.**  
2.3 STREET ADDRESS **3567 IVANHOE AVE.**  
2.4 CITY-ST-ZIP **BOYNTON BCH, FL. 33436**  
3.1 TITLE  Change  Addition  
3.2 NAME **BRUCE S. MATTHEWS**  
3.3 STREET ADDRESS **6841 SW 66 AVE.**  
3.4 CITY-ST-ZIP **MIAMI, FL. 33143**  
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)(b), 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: Charles S. Matthews, Pres. 3/11/95 305 441 1094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #