

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M76057** (2)

1. Corporation Name

MATCOR CUSTOM HOMES, INC.



Principal Place of Business

Mailing Address

% ALAN M. MATUS
4273 CASPER CT.
HOLLYWOOD FL 33021

% ALAN M. MATUS
4273 CASPER CT.
HOLLYWOOD FL 33021

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

MATUS, ALAN M.
4273 CASPER CT.
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

04/11/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0078048

Applied For Not Applicable

5. Certificate of Status Depled

\$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. 193.032 Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0142 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature for Block 12. Signature for Block 13.

Signature for Block 13.

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

D
NAME MATUS, ALAN M.
STREET ADDRESS 4273 CASPER CT.
CITY-STATE-ZIP HOLLYWOOD FL

2. TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE Change Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE Change Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE Change Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE Change Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied on this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 the 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 affidavit.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Matus

4/1/96

(305) 937-7800

CR2E034 (12/95)