

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09868 (8)

1. Corporation Name
THE MATCHEL CORPORATION

Principal Place of Business 5575 S SEMORAN BLVD S21 ORLANDO FL 32822 US	Mailing Address 5575 S SEMORAN BLVD STE 21 ORLANDO FL 32822 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/31/1990	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0223352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MEADE, MICHAEL
5575 S SEMORAN BLVD
STE 21
ORLANDO FL 32822**

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PST	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEADE, MICHAEL	12 NAME
STREET ADDRESS 5575 S SEMORAN BLVD #21	13 STREET ADDRESS
CITY - ST - ZIP ORLANDO FL	14 CITY - ST - ZIP
TITLE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
	24 CITY - ST - ZIP
NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	32 NAME
CITY - ST - ZIP	33 STREET ADDRESS
	34 CITY - ST - ZIP
TITLE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 110.07(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: Michael Meade **Michael Meade** 4/7/95 407-275-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR