

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 APR 27 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **288857** (6)

1. Corporation Name
CARL MATUREK, INC.

Principal Place of Business	Mailing Address
ROOM 101 1001 N. AMERICA WAY DODGE ISLAND MIAMI FL 33132	ROOM 101 1001 N. AMERICA WAY DODGE ISLAND MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/18/1965	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2b. Mailing Address
21 8536 NW 66 ST.	26 P.O. BOX 526243

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23 MIAMI, FL.	28 MIAMI, FL.

Zip	Country	Zip	Country
24 33166	25	29 33152	30

4. FEI Number 59-1084269	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MATUREK, JOHN
1001 N. AMERICA WAY
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name MATUREK, JOHN	
82 Street Address (P.O. Box Number is Not Acceptable) 8536 N.W. 66 STREET	
83	
84 City MIAMI	85 Zip Code FL 33166

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 if applicable

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MATUREK, JOHN
STREET ADDRESS	1001 N. AMERICA WAY
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	HASSELBRING, MARK A.
STREET ADDRESS	101 1001 N. AMERICA WAY
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MATUREK, KATHERINE D
STREET ADDRESS	1001 N AMERICA WAY
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	8536 NW 66 ST
14 CITY - ST - ZIP	MIAMI, FL. 33166
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	8536 NW 66 STREET
24 CITY - ST - ZIP	MIAMI, FL. 33166
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	8536 NW 66 STREET
34 CITY - ST - ZIP	MIAMI, FL. 33166
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *John Maturek* **JOHN MATUREK**

4/24/95 (308) 477-4333