

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	4. FEI Number	Applied For
21 8536 NW 66 ST.	26 P.O. BOX 526243	59-1084269	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI, FL.	28 MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33166	25	29 33152	30
Country		Country	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATUREK, JOHN 1001 N. AMERICA WAY MIAMI FL 33132				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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUREK, JOHN	12 NAME	
STREET ADDRESS	1001 N. AMERICA WAY	13 STREET ADDRESS	8536 NW 66 ST
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	MIAMI, FL. 33166
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSELBRING, MARK A.	22 NAME	
STREET ADDRESS	101 1001 N. AMERICA WAY	23 STREET ADDRESS	8536 NW 66 STREET
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	MIAMI, FL. 33166
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUREK, KATHERINE D	32 NAME	
STREET ADDRESS	1001 N AMERICA WAY	33 STREET ADDRESS	8536 NW 66 STREET
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	MIAMI, FL. 33166
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	

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 (305) 477-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR