

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 656769 (7)**  
1. Corporation Name  
**MATUSEK, MCKNIGHT, POLUSE & CANGRO, P.A.**



Principal Place of Business: **5235 16TH STR NO  
ST PETERSBURG FL 33703  
US**  
Mailing Address: **PO BOX 7729  
ST PETERSBURG FL 33734-7729  
US**

3. Date Incorporated or Qualified: **02/22/1980**  
3a. Date of Last Report: **04/10/1996**  
4. FEI Number: **59-1973131**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
Zip: **24** Country: **25**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**MCKNIGHT, T. MICHAEL  
5235 16TH STR NO  
ST PETERSBURG FL 33703**

**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 607.0502 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 reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLUSE, JANET</b>	
STREET ADDRESS	<b>1186 GASPERILLA DR NE</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MATUSEK, IVAN</b>	
STREET ADDRESS	<b>12322 MALLORY DR</b>	
CITY - ST - ZIP	<b>LARGO, FL 00000</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKNIGHT, T MICHAEL</b>	
STREET ADDRESS	<b>1355 PINELLAS BAYWAY #18</b>	
CITY - ST - ZIP	<b>TIERRA VERDE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
14 CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33702</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>LARGO, FL 34644</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>Tierra Verde, FL 33715</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D CANGRO, LARRY</b>
43 STREET ADDRESS	<b>1372 74th Circle N.E.</b>
44 CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33702</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mcknight, VTD, T. MICHAEL MCKNIGHT, 1-0896 (813)-526-3444*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)