

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90085 030 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 656769**

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/22/1980</b>	Applied For <input type="checkbox"/> No Applicable
4. FEI Number <b>59-1973131</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CANGRO, LARRY</b>
STREET ADDRESS	<b>1372 74TH CIRCLE N.E.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG 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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>POLUSE, JANET</b>
1.3 STREET ADDRESS	<b>1198 44th AVENUE N.E.</b>
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CANGRO, LARRY</b>
4.3 STREET ADDRESS	<b>1898 77th AVENUE NORTH</b>
4.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE:  **T. MICHAEL MCKNIGHT** 04/23/99 (727) 526-3444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)