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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # **G15697 (7)**  
1. Corporation Name  
**MATTATUCK ELECTRONIC TECHNOLOGIES, INC.**

Principal Place of Business      Mailing Address  
**7218 AYRSHIRE LANE**      **7218 AYRSHIRE LANE**  
**BOCA RATON FL 33496-0699**      **BOCA RATON FL 33496-0699**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>ROUTE 3</b>		26 <b>4212 BAYWOOD DR.</b>		<b>12/29/1982</b>	<b>03/22/1994</b>
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FBI Number	Applied For
23 <b>MONTESSA VA</b>		28 <b>NAPLES FL</b>		<b>06-1097775</b>	Not Applicable
24 <b>2550</b>	25 <b>Westmoreland</b>	29 <b>33999</b>	30 <b>Collier</b>	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOUTIN, GILBERT R.</b> <b>7218 AYRSHIRE LANE</b> <b>BOCA RATON FL 33434</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>4212 BAYWOOD DR.</b>		
				83 City	<b>NAPLES</b>		
				84 State	<b>FL</b>	85 Zip Code	<b>33999</b>

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUTIN, GILBERT R.</b>	1.2 NAME	
STREET ADDRESS	<b>7218 AYRSHIRE LANE</b>	1.3 STREET ADDRESS	<b>4212 BAYWOOD DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUTIN, LORETTA G.</b>	2.2 NAME	
STREET ADDRESS	<b>7218 AYRSHIRE LANE</b>	2.3 STREET ADDRESS	<b>4212 BAYWOOD DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CACCIATORE, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>RTE 608</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAPPA HANNOCK VA</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: *Sandra B. Morton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 27 1995 8:13 594 9083*  
Date      Telephone #