FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H34887** **(0)**

1. Corporate Name
MATU, INC.

Principal Place of Business
% HOWARD E. GOOGE, JR.
401 E. OSCEOLA STREET, SUITE 102
STUART FL 34994-2501

Mailing Address
% HOWARD E. GOOGE, JR.
401 E. OSCEOLA STREET, SUITE 102
STUART FL 34994-2501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1984**	3a. Date of Last Report: **06/28/1994**
4. FEI Number: **59-2532120**	☐ 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 is/is not subject to the provisions of Florida Statutes ☐ Yes ☐ No	

21 / 22 / 23 / 24 / 25 — 2. Principal Place of Business: Suite/Apt. #, City & State, Zip, County

26 / 27 / 28 / 29 / 30 — 2a. Mailing Address: Suite/Apt. #, City & State, Zip, County

9. Name and Address of Current Registered Agent

GOOGE, HOWARD E. JR.
401 E. OSCEOLA STREET
SUITE 102
STUART FL

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 Section 607.1022 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent or registered office address, new address must be listed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
91 Title	PD	91 Title	☐ Change ☐ Addition
92 Name	NEW, ELIZABETH S.	92 Name	
93 Street Address	649 ST LUCIE CRESENT	93 Street Address	
94 City-St-Zip	STUART FL	94 City-St-Zip	
95 Title	P	95 Title	☐ Change ☐ Addition
96 Name	MARMO, JOSEPH E.	96 Name	
97 Street Address	47 W. OSCEOLA STREET	97 Street Address	
98 City-St-Zip	STUART FL	98 City-St-Zip	
99 Title	D	99 Title	☐ Change ☐ Addition
100 Name	NEW, ROBIN	100 Name	
101 Street Address	649 ST LUCIE CRESCENT	101 Street Address	
102 City-St-Zip	STUART FL	102 City-St-Zip	
103 Title		103 Title	☐ Change ☐ Addition
104 Name		104 Name	
105 Street Address		105 Street Address	
106 City-St-Zip		106 City-St-Zip	
107 Title		107 Title	☐ Change ☐ Addition
108 Name		108 Name	
109 Street Address		109 Street Address	
110 City-St-Zip		110 City-St-Zip	
111 Title		111 Title	☐ Change ☐ Addition
112 Name		112 Name	
113 Street Address		113 Street Address	
114 City-St-Zip		114 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is absolutely furnished and 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 1 or Block 11 above, if applicable, or on an attachment with an alteration.

SIGNATURE: ELIZABETH NEW 4-3-95 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H07 221947 6

0300284 CP