

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:06

DOCUMENT # **J43158** (1)

1. Corporation Name
MATROJO CORPORATION

Principal Place of Business
**11918 SW 42D CT
DAVIE FL 33330-1935
US**

Mailing Address
**G/O MARTIN E. WALL
2001- 9TH AVE SUITE 207
VERO BEACH FL 32960-3413
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/24/1986** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2769100** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, MARTIN E.
-SUITE 207-
-VERO BEACH FL 32960-**

81 Name **WALL, MARTIN E.**
82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 207**
83 **2001-9 AVENUE**
84 City **VERO BEACH** FL 85 Zip Code **32960-6413**

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) (Type or printed name of registered agent and title, if applicable)

(Type) (Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STAMILE, BRUCE L.**
STREET ADDRESS **11918 SW 42 CT.**
CITY ST ZIP **DAVIE FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **VST**
NAME **LIBERDA, RONALD J.**
STREET ADDRESS **9620 NW 10TH ST.**
CITY ST ZIP **PLANTATION FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **LIBERDA, RONALD J.**
STREET ADDRESS **9620 NW 10TH ST.**
CITY ST ZIP **PLANTATION FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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(4)(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: **BRUCE L. STAMILE, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-95
Date

(305) 791-8720
Original Filing #