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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J43158

(1)

MATROJO CORPORATION

## **FILED** Jan 21 1997 8:00am Secretary of State



Principal Flade of business		Mailing Address	_		
11918 SW 42D CT DAVIE FL 33330-1935 US		-C/O MARTIN E. WALL- -2001 OTH AVE SUITE 2072 -VERO BEACH FL 22000 \$120-			
		<del>-U6-</del>	<del>-U6-</del>		3a. Date of Last Report 01/31/1996
2. Principal Pi	iace of Business	2a. Mailing Address	<i></i>	4. FEI Number	Applied For
21		26 11918 SW 42	<u>. CT</u>	59-2769100	Not Applicable
Suite, Apt	#, elc	Stute, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23			PRIDA	Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has tiability for in	
24	25	29 33330 30	JUSA	Florida Statutes	Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	istered Agent
-WAL -SUR -200 -VER	<del>I., Martin S.</del> F <del>E 207.</del> <del>1 O AVENUE -</del> O BEACH FL 32000		81 Name B R 82 Street Addr 83	CUCE L, STAMÎLE ess (P.O. Box Number is Noi Acceptab SW 42 CT	(e)
			84 City DA	VIE	FL 85 Zip Code 33330
11. Pursuant office or r	to the provisions of Sections 607 egistered agent or both, in the 5	.0502 and 607.1508, Florida Statutes, State of Florida, Such change was aut	the above-named corp norized by the corporat	poration submits this statement for the prior ion's board of directors. I hereby accep	repose of observing its registered
_		BRUCEL STAMILE PRE			I- II-97
SIGNATUR	Sign Fire typed or printed having of registers	chagent and to chappilicable (NOTE R	eg stered Agent signature requir		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TiTi, F	PD	DELETE	1.1 TITLE		Change Addition
NAME	STAMILE, BRUCE L.		1.2 NAME		1
STREET ADDRESS	11918 SW 42 CT.		1.3 STREET ADDRESS		
CHY-ST-Ze	DAVIE FL	The state	1.4 CITY - ST - ZIP		T Channel T Laterian
TOTALE	VŠT	☐ DELETE	2.1 TITLE		Change Addition
NAME	Liberda, Ronald J. 9620 NW 10TH St.		2 2 NAME		
STREET ADDRESS	PLANTATION FL		2.3 STREET ADDRESS		
CITY-SI-20F Till.E	D D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	LIBERDA, RONALD J.	E DELLE	3.2 NAME		
STREET ADDRESS	9620 NW 10TH ST.		3.2 NAME 3.3 STREET ADDRESS		
	PLANTATION FL		3 3 STREET AUDRESS 3 4. City - St - ZiP		
CITY - ST - ZIP TITLE	1 MAINTINIT I B	DELETE	41 TITLE	<del> </del>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
!			4.5 STREET ADDRESS		
CITY - ST - ZIP TILLE		DELETE	51 TITLE		Change Addition
NAM't			5.2 NAME		_ ,
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-ST-ZiP		
TITLE		DELETE	61 THLE		Change Addition
NAM:			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TIP			6.4 CITY_ST_7IP		

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 supplierrental 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: