

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 17, 1996 08:00 AM
Secretary of State

DOCUMENT # **K78165** (3)

1. Corporation Name
MATKIM INDUSTRIES, INC.



Principal Place of Business: **5317 N.W. 35TH TERR. 2190 SE 17TH ST CAUSEWAY, SUITE 301 FT. LAUDERDALE FL 33309**
Mailing Address: **5317 N.W. 35TH TERR. 2190 SE 17TH ST CAUSEWAY, SUITE 301 FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **03/31/1989**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0116524**
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 has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**SHENKER, HARRIS
11 BAY COLONY LN.
SUITE 10-B
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
2. NAME: **SHENKER, HARRIS**
3. STREET ADDRESS: **11 BAY COLONY LN.**
4. CITY-ST-ZIP: **FT. LAUDERDALE FL**
5. TITLE: DELETE
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY-ST-ZIP: _____
9. TITLE: DELETE
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY-ST-ZIP: _____
13. TITLE: DELETE
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY-ST-ZIP: _____
5. TITLE: Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY-ST-ZIP: _____
9. TITLE: Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY-ST-ZIP: _____
13. TITLE: Change Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY-ST-ZIP: _____

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*****225.00**

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(3)(k), 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 manager 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: Harris Morfitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96 954 733-5602
DATE TELEPHONE NO.

CR2E034 (12/95)