

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K78325**

(3)

1. Corporation Name

MATIRE-SAFRAN INC.



Principal Place of Business

**C/O JOSEPH MATIRE
22303 THOUSAND PINES LANE
BOCA RATON FL 33428**

Mailing Address

**C/O JOSEPH MATIRE
22303 THOUSAND PINES LANE
BOCA RATON FL 33428**

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. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**MATIRE, JOSEPH
22303 THOUSAND PINES LANE
BOCA RATON FL 33428**

3. Date Incorporated or Qualified

04/01/1989

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0107814

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

Joseph Matire

82. Street Address (P.O. Box Number is Not Acceptable)

c/o CompuKeeper Inc.

1580 NW 2nd Ave. Ste 1

83. City

Boca Raton

FL

85. Zip Code

33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1378, 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

X

Joseph Matire

Joseph Matire

1-16-96

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. STREET ADDRESS ☐ Change ☐ Addition
4. CITY-STATE-ZIP ☐ Change ☐ Addition
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100. CITY-STATE-ZIP ☐ Change ☐ Addition

14. I 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 included 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: **X**

Joseph Matire

Joseph Matire

407-368-7769

1/16/96

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHONE

DATE

CR2E034 (12/95)