

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M05678 (1)

1. Corporation Name

MATLOCK ACADEMY, INC.



Principal Place of Business

2491 HOMEWOOD ROAD
WEST PALM BEACH FL 33406

Mailing Address

2491 HOMEWOOD ROAD
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified
09/26/1984

3a. Date of Last Report
08/08/1995

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

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25

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9. Name and Address of Current Registered Agent

GRAD, DAPHNE
1844 EVERGREEN DR.
WEST PALM BEACH FL 33406

4. FEI Number
59-2462492

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

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

83

84 City

FL

85 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

Signature (For printed name of registered agent or officer or director)

(NOTE: Registered Agent signature required when changing agent)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
GRAD, DAPHNE
1844 EVERGREEN DRIVE
W. PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

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61 TITLE
62 NAME
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64 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96 687-0327