FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M84801 (3)

1. Corporate Name

FRANK S. MATROZZA, INC.

Principal Place of Business: ~~N DONALD L BASS~~ 8788 SE WOODWIND ST. HOBE SOUND FL 33455

Mailing Address: ~~N DONALD L BASS~~ 8788 SE WOODWIND ST. HOBE SOUND FL 33455

3. Date Incorporated: 06/03/1988

3a. Date of Last Report: 04/25/1994

2. Principal Office of Business: 21 4131 FOX TRACE E.

2a. Mailing Address: 26 4131 FOX TRACE E.

22 / 27 Suite, Apt. # etc.

23 City & State: BOYNTON BCH, FL

28 City & State: BOYNTON BCH, FL

24 Zip: 33436 25 Country

29 Zip: 33436 30 Country

4. FEI Number: 65-0052159 — 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. The corporation has liability for intangible tax under s. 199.0(?) Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

BASS DONALD L
7166 S.E. OSPREY STREET
HOBE SOUND FL 33455

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 Section 607.0502 and 617.0502, 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: *Frank S Matrozza* *President* 4/17/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATROZZA, FRANK S.
STREET ADDRESS	4131 FOX TRACE E.
CITY-ST-ZIP	BOYNTON BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Addition

CITY-ST-ZIP: BOYNTON BCH, FL 33436

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(a), 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: *Frank S Matrozza* FRANK S. Matrozza 4/17/95 407-732-1616.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0268184 CP