

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # M93954

1. Corporation Name

ALLMAT, INC.

95 MAY - 1 AM 4:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

900001513929

-06/15/95--01056--008

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2840 N.E. 47 St.

2840 N.E. 47 St.

Lighthouse Point, FL

Lighthouse Point, FL

33064

33064

3. Date incorporated or Qualified

8/8/88

3a. Date of Last Report

4/25/94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FCI Number

58-2909744

Applied For

Not Applicable

State Agent #

State Agent #

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

Country

25

Country

29

30

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREDERICK MATHEWS
2840 N.E. 47th Street
Lighthouse Point, FL 33064**

81. Name

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

83

84. City

FL

85. Zip Code

11. By signing this statement, the undersigned, a duly qualified officer or director of the corporation, certifies that the information furnished herein is true and correct to the best of his or her knowledge and belief, and that the undersigned is a duly qualified officer or director of the corporation.

[Signature] **FREDERICK JOHN MATHEWS, President** 5/24/95

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Add or
P/D NAME FREDERICK MATHEWS STREET ADDRESS 2840 N.E. 47th Street CITY Lighthouse Point, FL 33064					☐	☐
S/D NAME D. BELINDA MATHEWS STREET ADDRESS 2840 N.E. 47th Street CITY Lighthouse Point, FL 33064					☐	☐
NAME STREET ADDRESS CITY STATE ZIP					☐	☐
NAME STREET ADDRESS CITY STATE ZIP					☐	☐
NAME STREET ADDRESS CITY STATE ZIP					☐	☐
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NAME STREET ADDRESS CITY STATE ZIP					☐	☐
NAME STREET ADDRESS CITY STATE ZIP					☐	☐

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the undersigned is a duly qualified officer or director of the corporation.

SIGNATURE *[Signature]* **D. Belinda Mathews, Vice President** 5-24-95