

NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015652 (9)

1. Corporation Name

MAT-MC SERVICES, INC.

Principal Place of Business

**9770 S. MILITARY TRAIL
B-7
BOYNTON BEACH FL 33436**

Mailing Address

**9770 S. MILITARY TRAIL
B-7
BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

08/04/1994

4. FEI Number

65-0395942

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BISCHOFF, CHRISTIAN
9770 S. MILITARY TRAIL
B-7
BOYNTON BEACH FL 33436**

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
or registered agent, or both, in the State of Florida. Such change was authorized by
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

above-named corporation submits this statement for the purpose of changing its registered office
a corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BISCHOFF, CHRISTIAN
STREET ADDRESS	1903 NW 64TH CRT
CITY- ST- ZIP	PARKLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	BISCHOFF, CHRISTIAN
1.3 STREET ADDRESS	9963 NW 64 COURT
1.4 CITY- ST- ZIP	PARKLAND FL 33076
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(3)(b), 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:

Christian Bischoff

CHRISTIAN BISCHOFF

4/25/95

407 734 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER