

**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
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DOCUMENT # P95000097578 (5)
 1. Corporation Name
NORMAN R. MATHEWS, INC.



Principal Place of Business 600 UNO LAGO DRIVE #103 JUNO BEACH FL 33408	Mailing Address 600 UNO LAGO DRIVE #103 JUNO BEACH FL 33408
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3. Date Incorporated or Qualified 12/28/1995	3a. Date of Last Report
4. FEI Number 65-0629156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 14284 Joan Dr. Suite, Apt. #, etc	2a. Mailing Address 26 14284 Joan Dr. Suite, Apt. #, etc
22 City & State 23 Palm Beach Gardens, FL	27 City & State 28 Palm Beach Gardens, FL
24 33410 Zip 25 USA Country	29 33410 Zip 30 USA Country

9. Name and Address of Current Registered Agent
**MATHEWS, NORMAN R
 600 UNO LAGO DRIVE #103
 JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	14284 Joan Dr.
83 City	Palm Beach Gardens FL
84 Zip Code	33410

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 _____ (NOTE: Registered Agent signature required when reappointing) _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, NORMAN R	
STREET ADDRESS	600 UNO LAGO DRIVE #103	
CITY - ST - ZIP	JUNO BEACH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14284 Joan Dr.
1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman R. Mathews **Norman R. Mathews,** 6-21-96 561-626-8858

CR2E034 (3/96)