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**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 14284 JOAN DR, PALM BEACH GARDENS FL 33410, US
Mailing Address: 14284 JOAN DR, PALM BEACH GARDENS FL 33410-1120, US

3. Date Incorporated or Qualified: 12/28/1995
3a. Date of Last Report: 06/28/1996

2. Principal Place of Business: 21 200 S. Pine Island, Suite, Apt. #, etc. 22 206, City & State 23 Plantation, FL, Zip 24 33324, Country 25 Broward
2a. Mailing Address: 26 200 S. Pine Island, Suite, Apt. #, etc. 27 206, City & State 28 Plantation, FL, Zip 29 33324, Country 30 Broward

4. FEI Number: 65-0629156, 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

9. Name and Address of Current Registered Agent
MATHEWS, NORMAN R
14284 JOAN DR
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name: Norman R. Mathews
82 Street Address (P.O. Box Number is Not Acceptable): 7850 NW 54th
83
84 City: Lauderhill, FL, 85 Zip Code: 33351

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: Norman R. Mathews DATE: 3-12-97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when retaining.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, NORMAN R	
STREET ADDRESS	14284 JOAN DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	7850 NW 54th
1.4 CITY-ST-ZIP	Lauderhill, FL 33351
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norman R. Mathews Norman R. Mathews 3-12-97 (REV) 473-1472

CR2E034 (9/96)