

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice M. Armstrong
Secretary of State
1995

APPROVED
FILED

50 MAY 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S04610** (9)

1. Corporation Name
MATCHMAKER INTERNATIONAL OF FLORIDA, INC.

Principal Place of Business: **7280 PLANTATION ROAD SUITE L PENSACOLA FL 32504-6237**
Mailing Address: **7280 PLANTATION ROAD SUITE L PENSACOLA FL 32504-6237**

DO NOT WRITE IN THIS SPACE

3. Year in operation or Quantified 10/09/1990	3a. Date of Last Report 02/22/1994
4. FFI Number 59-3041695	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 intangibles tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Officer or Director	2a. Mailing Address
21. Name	26. Name
22. State Address	27. State Address
23. City and State	28. City and State
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CHASE, JAMES L.
101 E. GOVERNMENT ST.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name
82. Street Address P.O. Box Number, Not Applicable
83.
84. City

FL 85. Zip Code

11. I, the undersigned, being duly sworn to, do hereby certify that the above named corporation has duly complied with the provisions of Chapter 109, Florida Statutes, and that the above named corporation is duly organized under the laws of the State of Florida. I hereby accept the appointment as registered agent of said corporation and accept the obligations of said position as provided in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME	DP PARAVATE, LOUIS A.
2. STREET ADDRESS	5800 CENTRAL AVE. PIKE
3. CITY AND STATE	KNOXVILLE TN
4. NAME	
5. STREET ADDRESS	
6. CITY AND STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY AND STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY AND STATE	

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS

1. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8652 NAVARRE PKWY #275	
3. CITY AND STATE	NAVARRE, FL 32564	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY AND STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and does not conflict with the information stated in Sections 119.02(1)(b), Florida Statutes. I further certify that the information contained on this annual report or financial report is true and correct, 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 and the officer or director empowered to execute this report as required by Chapter 109, Florida Statutes, and that my name appears on the F-12 or F-13 if changed, and on the annual report and address.

SIGNATURE:
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON ORIGINAL

31/JAN/95
Date