

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S04610 (9)**

1. Corporation Name

**MATCHMAKER INTERNATIONAL OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**7280 PLANTATION ROAD  
SUITE L  
PENSACOLA FL 32504-6237**

**7280 PLANTATION ROAD  
SUITE L  
PENSACOLA FL 32504-6237**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/09/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3041695**

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

10. Name and Address of New Registered Agent

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

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 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

*SAME AS ABOVE*

12. OFFICERS AND DIRECTORS

TITLE: **DP**  DELETE  
NAME: **PARAVATE, LOUIS A.**  
STREET ADDRESS: **8652 NAVARRE PARKWAY, STE. 275**  
CITY-STATE-ZIP: **NAVARRE FL**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  Change  Addition  
2. NAME:  
13. STREET ADDRESS:  
14. CITY-STATE-ZIP:

2. TITLE:  Change  Addition  
2. NAME:  
23. STREET ADDRESS:  
24. CITY-STATE-ZIP:

3. TITLE:  Change  Addition  
3. NAME:  
33. STREET ADDRESS:  
34. CITY-STATE-ZIP:

4. TITLE:  Change  Addition  
4. NAME:  
43. STREET ADDRESS:  
44. CITY-STATE-ZIP:

5. TITLE:  Change  Addition  
5. NAME:  
53. STREET ADDRESS:  
54. CITY-STATE-ZIP:

6. TITLE:  Change  Addition  
6. NAME:  
63. STREET ADDRESS:  
64. CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* **LOUIS A. PARAVATE** 11 MAR 96  
(904) 484-0934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)