

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 25 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 # **S04610** (9)
1. Corporation Name
MATCHMAKER INTERNATIONAL OF FLORIDA, INC.



2. Principal Place of Business
**7280 PLANTATION ROAD
SUITE L
PENSACOLA FL 32504-6237**

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

21 | State, Apt. #, etc.
22 | City & State
23 | Zip | Country
24 |

2a. Mailing Address
26 | Suite, Apt. #, etc.
27 | City & State
28 | Zip | Country
29 | 30 |

3. Date Incorporated or Qualified: **10/09/1990**
3a. Date of Last Report: **03/15/1996**
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

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 is Not Acceptable)
83 |
84 | City | 85 | Zip Code
FL

11. I, the undersigned, president of Sections 607.0502 and 607.1506, 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, if I am named as such, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent/signature required if on installation) DATE: _____

12. OFFICERS AND DIRECTORS

OFFICER	DP	<input type="checkbox"/> DELETE
NAME	PARAVATE, LOUIS A.	
STREET ADDRESS	8852 NAVARRE PARKWAY, STE. 275	
CITY - ST - ZIP	NAVARRE FL	
OFFICER		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
OFFICER		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
OFFICER		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
OFFICER		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, 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 contained 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 both, in all accordance with the address.

SIGNATURE: *[Signature]* DATE: *20 MAR 97* (464) 469-2676
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)