

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

90 MAY -1 AM 8:02

DOCUMENT # **V33289**

(2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MATEQUIP MANAGEMENT CORP.

Principal Office Address: **13860 WELLINGTON TRACE SUITE 12-528 WELLINGTON FL 33414**
Mailing Address: **13860 WELLINGTON TRACE SUITE 12-528 WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 04/30/1992	3a. Date of Last Report 07/01/1994
4. FEI Number 65-0425294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 authority for managing tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office of Business 21. State Apt # etc. 22. City & State	2a. Mailing address 26. State Apt # etc. 27. City & State
24. City	25. State
29. City	30. State

9. Name and Address of Current Registered Agent
**BAKER, RICHARD L.
13860 WELLINGTON TRACE, #12-528
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
	FL

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(6) Florida Statutes, the above named corporation submits the 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 607.04(1) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME: VPD RIONDA ENRIGUE F. STREET ADDRESS: 13860 WELLINGTON TR #12-528 WELLINGTON FL
12.2 NAME: PD BAKER, RICHARD L. STREET ADDRESS: 13860 WELLINGTON TR. 12-528 WELLINGTON FL
12.3 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.4 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.5 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.6 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
12.7 NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME: PRESIDENT, SDT RICHARD L. BAKER 13708 SHEPHERD ST WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.04(1) Florida Statutes. I further certify that the information furnished on the 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. I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing subject to an agreement with an addendum.

SIGNATURE: *R.L. Baker* **RICHARD L. BAKER
PRESIDENT** 4-26-95 407-790-0114