

**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 <b>04/30/1992</b>	3a. Date of Last Report <b>07/01/1994</b>
4. FEI Number <b>65-0425294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has authority for managing tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place 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  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.04(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

VPD NAME: <b>RIONDA ENRIGUE F.</b> STREET ADDRESS: <b>13860 WELLINGTON TR #12-528</b> CITY, ST, ZIP: <b>WELLINGTON FL</b>
PD NAME: <b>BAKER, RICHARD L.</b> STREET ADDRESS: <b>13860 WELLINGTON TR. 12-528</b> CITY, ST, ZIP: <b>WELLINGTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME: <b>PRESIDENT, SDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: <b>RICHARD L. BAKER</b>
13 STREET ADDRESS: <b>13708 SHEPHERD DR</b>
14 CITY, ST, ZIP: <b>WELLINGTON, FL 33411</b>
17 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
19 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
25 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
28 CITY, ST, ZIP: <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 addition.

SIGNATURE: *R.L. Baker* **RICHARD L. BAKER** **PRESIDENT** **4-26-95 407-790-0114**  
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR