

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 473776 (3)

MATTHEWS REALTY, INC.



Principal Place of Business

Mailing Address

13801 TAMIAMI TRAIL
P O BOX 7108
NORTH PORT FL 34287

13801 TAMIAMI TRAIL
P O BOX 7108
NORTH PORT FL 34287

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

MATTHEWS, EUGENE A.
4162 CORVETTE LANE
NORTH PORT FL 34287

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 607.0900 and 607.1000, 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 personally by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0900, Florida Statutes.

SIGNATURE

Signature for block 12: _____ Date: _____

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, EUGENE	
STREET ADDRESS	4162 CORVETTE LANE	
CITY-STATE-ZIP	NORTH PORT, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, ARTHUR	
STREET ADDRESS	13801 TAMIAMI TRAIL	
CITY-STATE-ZIP	N PORT, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTHEWS, LORRAINE	
STREET ADDRESS	4162 CORVETTE LANE	
CITY-STATE-ZIP	NORTH PORT, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTHEWS, BETTY	
STREET ADDRESS	13801 TAMIAMI TRAIL	
CITY-STATE-ZIP	N PORT, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included on this annual report or supplement thereto 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 responsible trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as designated, in accordance with the above.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene A. Matthews 3-21-96

941-426-1108

CR2E034 (12/95)