

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

**FILED**  
**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 # 565481**

**(9)**

1. Corporation Name  
**MATSON CONSTRUCTION, INC.**



Principal Place of Business  
**770 S. DIXIE HWY.  
 STE. 250  
 CORAL GABLES FL 33146  
 US**

Mailing Address  
**P. O. BOX 144357  
 CORAL GABLES FL 33114-4357  
 US**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/20/1978</b>   | 3a. Date of Last Report<br><b>04/23/1996</b> |
| 4. FEI Number<br><b>59-1816499</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |    |
|---|--|----|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 30 |
|---|--|----|

**b. Name and Address of Current Registered Agent**

**FLICK, CHARLES P.  
 1 S.E. THIRD AVENUE, SUITE 2450  
 MIAMI FL 33131**

**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 |
|         |   |    | <b>FL</b> |             |

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 \_\_\_\_\_ (PRINT) Registered Agent signature required when reinstating \_\_\_\_\_ (DATE)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>S</b><br><input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       | <b>KROMREY, SUZANNE M</b>                              | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1580 SW BELGRAVE TERR.</b>                          | 1.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | <b>STUART FL</b>                                       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>PD</b><br><input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>S</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MATSON, DUFFIELD W III</b>                          | 2.2 NAME  |  |
| STREET ADDRESS             | <b>532 SAN ESTEBAN</b>                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | <b>CORAL GABLES FL</b>                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby 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 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:** \_\_\_\_\_ **D. W. Matson, III** **3/19/97** **(305) 662-3852**

CR2E034 (9/96)