

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

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**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005692 (6)
 1. Corporation Name
MATTHEWS BUSES, INC.



Principal Place of Business 2900 RT 9 - MALTA BALLSTON SPA NY 12866	Mailing Address 2900 RT 9 - MALTA BALLSTON SPA NY 12866
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3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last Report
4. FEI Number 16-0979756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DCST <input type="checkbox"/> DELETE
NAME	MATTHEWS, BRUCE R
STREET ADDRESS	4 TIFFANY PL
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866
TITLE	SV <input type="checkbox"/> DELETE
NAME	MATTHEWS, GLENN J
STREET ADDRESS	1478 SWQUOIA CIR
CITY-ST-ZIP	TOMS RIVER NJ 08753
TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT E
STREET ADDRESS	4003-204 MEADOWWOOD DR
CITY-ST-ZIP	FT PIERCE FL 34951
TITLE	DV <input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT C
STREET ADDRESS	246 MAIN ST
CITY-ST-ZIP	DANVILLE NY 14437
TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWS, JUSTINE H
STREET ADDRESS	4003-204 MEADOWWOOD DR
CITY-ST-ZIP	FT PIERCE FL 34951
TITLE	DV <input type="checkbox"/> DELETE
NAME	MATTHEWS, GUY R
STREET ADDRESS	1005 TREASURE LN
CITY-ST-ZIP	VERO BCH FL 32983

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MATTHEWS, MARK E.
1.3 STREET ADDRESS	2900 RT 9 - MALTA
1.4 CITY-ST-ZIP	BALLSTON SPA, NY 12020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)