

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002576 (5)**

1. Corporation Name  
**MATECUMBE ANGLERS, INC.**



Principal Place of Business: 166 BISCAYNE BLVD. ISLAMORADA FL 33036  
Mailing Address: 166 BISCAYNE BLVD. ISLAMORADA FL 33036

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1995</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0597692</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name			<b>Charles S. Ambrogio</b>
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>119 W. Plaza Del Lago</b>
				83	City			<b>Islamorada</b>
				84	State	85	Zip Code	<b>FL 33036</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Charles S. Ambrogio* (Signature, typed or printed name of registered agent and title, if applicable) **Charles S. Ambrogio** (NOTE: Registered Agent signature required when existing) **2/3/96** (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCFARLAND, BILL			1.2 NAME			
STREET ADDRESS	166 BISCAYNE BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ISLAMORADA FL 33036			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	AMBROGIO, CHARLES S			2.2 NAME			
STREET ADDRESS	166 BISCAYNE BLVD.			2.3 STREET ADDRESS			<b>119 W. Plaza Del Lago</b>
CITY-ST-ZIP	ISLAMORADA FL 33036			2.4 CITY-ST-ZIP			<b>Islamorada FL 33036</b>
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MULICK, NICK			3.2 NAME			
STREET ADDRESS	166 BISCAYNE BLVD.			3.3 STREET ADDRESS			<b>187 Cort Lane</b>
CITY-ST-ZIP	ISLAMORADA FL 33036			3.4 CITY-ST-ZIP			<b>Tavernier FL 33070</b>
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEVITT, HERB			4.2 NAME			
STREET ADDRESS	166 BISCAYNE BLVD.			4.3 STREET ADDRESS			<b>83 W. Plaza Del Lago</b>
CITY-ST-ZIP	ISLAMORADA FL 33036			4.4 CITY-ST-ZIP			<b>Islamorada FL 33036</b>
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			<b>800001768878</b>
CITY-ST-ZIP				5.4 CITY-ST-ZIP			<b>04/04/96 01013-025</b>
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			<b>***\$1.25</b>
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles S. Ambrogio* (Signature and typed or printed name of signing officer or director) **Charles S. Ambrogio V. Pres** **2/3/96** **305-664-2444** (Date) **41-3-91** (Daytime Phone #)

CR2E037 (12/95)