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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/01/1995

4. FEI Number
65-0597692

Applied For
 Not Applicable

2. Principal Place of Business 21 119 W. Plaza Del Lago Suite, Apt. #, etc.	2a. Mailing Address 26 119 W. Plaza Del Lago Suite, Apt. #, etc.
22 City & State 23 Islamorada, FL 24 Zip 33036 25 Country USA	27 City & State 28 Islamorada, FL 29 Zip 33036 30 Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

AMBROGIO, CHARLES S
119 W. PLAZA DEL LAGO
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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* DATE: **1/19/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MCFARLAND, BILL	
STREET ADDRESS	166 BISCAYNE BLVD.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	AMBROGIO, CHARLES S	
STREET ADDRESS	119 W PLAZA DEL LAGO	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	MULICK, NICK	
STREET ADDRESS	187 CORT LN	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	LEVITT, HERB	
STREET ADDRESS	83 W PLAZA DEL LAGO	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Charles S. Ambrogio		
1.3 STREET ADDRESS	119 W. Plaza Del Lago		
1.4 CITY-ST-ZIP	Islamorada, FL 33036		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Donald Achenberg		
2.3 STREET ADDRESS	218 Biscayne Boulevard		
2.4 CITY-ST-ZIP	Islamorada, FL 33036		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Sherri Rahn		
3.3 STREET ADDRESS	74454 Overseas Highway		
3.4 CITY-ST-ZIP	Islamorada, FL 33036		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Paul Kaub		
4.3 STREET ADDRESS	129 Buena Vista Ct.		
4.4 CITY-ST-ZIP	Islamorada, FL 33036		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 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* DATE: **1/19/98**

CR2E037 (10/97)