

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90047 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002576  
 1. Corporation Name  
**MATECUMBE ANGLERS, INC.**

Principal Place of Business Mailing Address  
 119 W PLAZA DEL LAGO ISLAMORADA FL 33036 US  
 119 W PLAZA DEL LAGO ISLAMORADA FL 33036 US

21 218 BISCAYNE BLVD	26 218 BISCAYNE BLVD	3. Date Incorporated or Qualified 06/01/1995
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A	4. FEI Number 65-0597692
City & State ISLAMORADA, FL	City & State ISLAMORADA, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33036	Zip 33036	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <del>AMBROGIO, CHARLES S 119 W. PLAZA DEL LAGO ISLAMORADA FL 33036</del>	10. Name and Address of New Registered Agent 81 Name DONALD V. ACHENBERG 82 Street Address (P.O. Box Number is Not Acceptable) 218 BISCAYNE BLVD 83 84 City ISLAMORADA FL 85 Zip Code 33036
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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 *Donald V. Achenberg* DATE 2/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME DONALD ACHENBERG	1.1 TITLE PRESIDENT, D	1.2 NAME DONALD ACHENBERG
STREET ADDRESS 218 BISCAYNE BLVD	CITY-ST-ZIP ISLAMORADA FL 33036	1.3 STREET ADDRESS 218 BISCAYNE BLVD	1.4 CITY-ST-ZIP ISLAMORADA, FL 33036
TITLE PD	NAME AMBROGIO, CHARLES S	2.1 TITLE VP, D	2.2 NAME JAMES WINSTEL
STREET ADDRESS 119 W PLAZA DEL LAGO	CITY-ST-ZIP ISLAMORADA FL 33036	2.3 STREET ADDRESS 52 W. PLAZA DEL LAGO	2.4 CITY-ST-ZIP ISLAMORADA, FL 33036
TITLE SD	NAME SHERRI RAHN	3.1 TITLE SECRETARY, D	3.2 NAME CELIL RAIA
STREET ADDRESS 74454 OVERSEAS HWY	CITY-ST-ZIP ISLAMORADA FL 33036	3.3 STREET ADDRESS 121 LISBON ST.	3.4 CITY-ST-ZIP ISLAMORADA, FL 33036
TITLE TD	NAME PAUL KAUB	4.1 TITLE	4.2 NAME
STREET ADDRESS 129 BUENA VISTA CT	CITY-ST-ZIP ISLAMORADA FL 33036	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 Block 12 or Block 13 if changed, or on an attachment with an address, with all of

SIGNATURE: *Paul W. Kaub* Mr. Paul W. Kaub  
 129 Buena Vista Ct.  
 Islamorada, FL 33036

2/5/99 305-664-9486

CR2E037 (1/198)