

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084207 (4)
 1. Corporation Name
CORMATAY, INC.



Principal Place of Business 108 MOSLEY DRIVE LYNN HAVEN FL 32444	Mailing Address 108 MOSLEY DRIVE LYNN HAVEN FL 32444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1997
21	26	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No W/A

9. Name and Address of Current Registered Agent
**STOPKA, ALBERT J III
 220 MCKENZIE AVENUE
 PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent
 81 Name **Albert J. Stopka, III, PA**
 82 Street Address (P.O. Box Number is Not Acceptable)
108 Mosley Drive
 83
 84 City **Lynn Haven** FL 85 Zip Code **32444**

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 *[Signature]* **Albert J. Stopka, III, Reg Agent** DATE **4/29/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	Boyd, Kenneth W.	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	PT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Boyd, Kenneth W.		
1.3 STREET ADDRESS	2611 E 40th Plaza		
1.4 CITY-ST-ZIP	Panama City, FL 32405		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Boyd, Mary A.		
2.3 STREET ADDRESS	2611 E 40th Plaza		
2.4 CITY-ST-ZIP	Panama City, FL 32405		
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Stopka, Shannon L.		
3.3 STREET ADDRESS	2202 Andrews Road		
3.4 CITY-ST-ZIP	Lynn Haven, FL 32444		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Shannon L Stopka** DATE **4/29/98** 850/785-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone # 0056273

CR2E034 (10/97)