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95 MAY - 1 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***4050.00 ***200.00
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **416801** (9)
1. Corporation Name
MATANZAS REALTY, INC.

Principal Place of Business Mailing Address
**EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST FL 32151**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
01/15/1973 05/01/1994
4. FEI Number Applied For
13-2008558 Not Applicable
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. This corporation has liability for intangible tax under § 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 FL 85 Zip Code

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, typed or printed name of registered agent and the filer, if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	2. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	3. STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	4. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, JR., ROBERT	22. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	23. STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	24. CITY, ST, ZIP	
TITLE	AS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, RICHARD	32. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	33. STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	34. CITY, ST, ZIP	
TITLE	PD	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SAMUEL JR.	42. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	43. STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	44. CITY, ST, ZIP	
TITLE	VTD	51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUR, WILLIAM	52. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	53. STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 110 07(3)(k), Florida Statutes. I further certify that the information included 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 its 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 (changes) or in an attachment with an address.

SIGNATURE:  **ROBERT G. CUFF, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/24/95
(914) 445-3677