

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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: **EXECUTIVE OFFICES 1 CORPORATE DRIVE PALM COAST FL 32151**  
Mailing Address: **EXECUTIVE OFFICES 1 CORPORATE DRIVE PALM COAST FL 32151**

3. Date Incorporated or Qualified: **01/15/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **13-2808558**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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, 82, 83, 84, 85

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	1.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	1.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, JR., ROBERT	2.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	2.4 CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, RICHARD	3.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	3.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SAMUEL JR.	4.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	4.4 CITY-STATE-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUR, WILLIAM	5.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Robert G. Cuff* Robert G. Cuff 2/13/96 (904) 445-2677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)