

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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	2. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	3. STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	4. CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, JR., ROBERT	6. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	7. STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	8. CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, RICHARD	10. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	11. STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	12. CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SAMUEL JR.	14. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	15. STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	16. CITY-STATE-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUR, WILLIAM	18. NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	19. STREET ADDRESS	
CITY-STATE-ZIP	PALM COAST FL	20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. 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)