

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

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



Principal Place of Business      Mailing Address  
**EXECUTIVE OFFICES**      **EXECUTIVE OFFICES**  
**1 CORPORATE DRIVE**      **1 CORPORATE DRIVE**  
**PALM COAST FL 32151**      **PALM COAST FL 32151-0001**

3. Date Incorporated or Qualified: **01/15/1973**      3a. Date of Last Report: **03/07/1996**  
 4. FEI Number: **13-2808558**      Applied For:  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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
 21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
 22. City & State      27. City & State  
 23. Zip      28. Zip      Country      Country  
 24.      25.      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. 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 fee, if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, JAMES E.</b>	
STREET ADDRESS	<b>EXECUTIVE OFFICE, 1 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CUFF, JR., ROBERT</b>	
STREET ADDRESS	<b>EXECUTIVE OFFICE, 1 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRAUNSTEIN, RICHARD</b>	
STREET ADDRESS	<b>EXECUTIVE OFFICE, 1 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, SAMUEL JR.</b>	
STREET ADDRESS	<b>EXECUTIVE OFFICE, 1 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARMOUR, WILLIAM</b>	
STREET ADDRESS	<b>EXECUTIVE OFFICE, 1 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VT/D</b>
5.3 STREET ADDRESS	<b>CHARLES J. CALLEA</b>
5.4 CITY-ST-ZIP	<b>1 CORPORATE DR.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PALM COAST, FL 32151</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:** *[Handwritten Signature]*      4/11/97      904 445 2611

CR2E034 (9/96)