

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/15/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		13-2808558	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 607.0506, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E.		1.2 NAME	James E. Gardner	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-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-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, SAMUEL JR.		3.2 NAME	Samuel Butler Jr.	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP		
TITLE	VID	<input type="checkbox"/> DELETE	4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLEA, CHARLES J		4.2 NAME	VICTORIA P. GARD	
STREET ADDRESS	1 CORPORATE DR		4.3 STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP	Palm Coast, FL 32151	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-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-ST-ZIP			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]* 4-21-98 (GND) 416801

CR2E034 (10/97)