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Feb 10 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 # 556517 (1)

1. Corporation Name
METZGER-MATHEWSON PROPERTIES, INC.

Principal Place of Business

851 WILD PINE RD.
MIM FL 32754
US

Mailing Address

851 WILD PINE RD.
MIM FL 32754-6264
US



3. Date Incorporated or Qualified 12/27/1977
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State
23 28
Zip Country Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

METZGER, DOROTHY M
851 WILD PINE ROAD
MIMS FL 32754

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 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	P	1.1 TITLE	
NAME	METZGER, DOROTHY	1.2 NAME	
STREET ADDRESS	851 WILD PINE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIM FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	METZGER, DOROTHY M	2.2 NAME	
STREET ADDRESS	851 WILD PINE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIMS FL 32754	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: XMETZGER DOROTHY M. 01-28-97 407-349-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR Date Daytime Phone #

CR2E034 (9/96)