

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

FILED
Mar 20 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 # **K55243** (5)
 1. Corporation Name
MATANZAS CORPORATION



Principal Place of Business: 26711 SHERWOOD LANE % THOMAS WANDERON BONITA SPRINGS FL 33923-2236
 Mailing Address: 26711 SHERWOOD LANE % THOMAS WANDERON BONITA SPRINGS FL 34135-5236

3. Date Incorporated or Qualified: **12/23/1988**
 3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business: 21
 2a. Mailing Address: 26 P.O. Box 784
 22. City & State: 27 Bonita Springs, FL
 23. Zip: 24 34133 Country: 25 U.S.A.
 4. FEI Number: 65-0099264 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WANDERON, THOMAS 430 SAN CARLOS BLVD FT MYERS BEACH FL 33931
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COE, JANICE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1425 BLOOR ST WEST	CITY-STATE-ZIP: TORONTO, ONTARIO	1.2 NAME:	
TITLE: S	NAME: THURSTON, ROLAND	1.3 STREET ADDRESS:	
STREET ADDRESS: 26711 SHERWOOD LANE	CITY-STATE-ZIP: BONITA SPRINGS FL	1.4 CITY-STATE-ZIP:	
TITLE: D	NAME: CHAMPION ARTHUR	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2840 UPCHALL AVENUE	CITY-STATE-ZIP: FORT MYERS FL	2.2 NAME:	
TITLE: D	NAME: CHAMPION, MARY	2.3 STREET ADDRESS:	
STREET ADDRESS: 2840 UPCHALL AVENUE	CITY-STATE-ZIP: FORT MYERS FL	2.4 CITY-STATE-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	1915 Halgrim Ave, Apt. 1104
TITLE:	NAME:	3.4 CITY-STATE-ZIP:	Fort Myers, FL 33901
TITLE:	NAME:	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	1915 Halgrim Ave, Apt. 1109
TITLE:	NAME:	4.4 CITY-STATE-ZIP:	Fort Myers, FL 33901
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-STATE-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: **Roland Thurston** Date: **Mar. 12, 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: **(941) 463-5422**

CR2E034 (9/96)