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FILED
Mar 31 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 # K55243 (5)
1. Corporation Name
MATANZAS CORPORATION



Principal Place of Business
26711 SHERWOOD LANE
% THOMAS WANDERON
BONITA SPRINGS FL 33923-2236

Mailing Address
POST OFFICE BOX 784
% THOMAS WANDERON
BONITA SPRINGS FL 34133
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 850 SAN CARLOS DRIVE

Suite, Apt. #, etc.

22 City & State

23 FORT MYERS BEACH, FL

24 Zip
33931

25 Country
U. S. A.

2a. Mailing Address

26 850 SAN CARLOS DRIVE

Suite, Apt. #, etc.

27 City & State

28 FORT MYERS BEACH, FL

29 Zip
33931

30 Country
U. S. A.

3. Date Incorporated or Qualified

12/23/1988

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 (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

TITLE PD
NAME COE, JANICE
STREET ADDRESS 1425 BLOOR ST WEST
CITY-ST-ZIP TORONTO, ONTARIO

☐ DELETE

TITLE S
NAME THURSTON, ROLAND
STREET ADDRESS 26711 SHERWOOD LANE
CITY-ST-ZIP BONITA SPRINGS FL

☐ DELETE

TITLE D
NAME CHAMPION ARTHUR
STREET ADDRESS 1915 HALGRIM AVE. APT 1109
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE D
NAME CHAMPION, MARY
STREET ADDRESS 1915 HALGRIM AVE APT 1109
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

850 SAN CARLOS DRIVE
FORT MYERS BEACH, FL 33931

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 ROLAND THURSTON

3/11/98 (941) 463-5422

CP2E034 (10/97)