

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

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 850 SAN CARLOS DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 850 SAN CARLOS DRIVE Suite, Apt. #, etc.
City & State 23 FORT MYERS BEACH, FL Zip 24 33931 Country 25 U. S. A.	City & State 28 FORT MYERS BEACH, FL Zip 29 33931 Country 30 U. S. A.

3. Date Incorporated or Qualified 12/23/1988	
4. FEI Number 65-0099264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COE, JANICE	
STREET ADDRESS	1425 BLOOR ST WEST	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	\$	<input type="checkbox"/> DELETE
NAME	THURSTON, ROLAND	
STREET ADDRESS	28711 SHERWOOD LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPION ARTHUR	
STREET ADDRESS	1915 HALGRIM AVE. APT 1109	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPION, MARY	
STREET ADDRESS	1915 HALGRIM AVE APT 1109	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	850 SAN CARLOS DRIVE	
2.4 CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** *[Signature]* 3/12/98 (941) 463-5422

CP2E034 (10/97)