PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K55243

1. Corporation Name

MATANZ	AS CORPORATION				
Principal Place of Business Mailing Address 850 SAN CARLOS DR FT. MYERS BEACH FL 33931 US Mailing Address 850 SAN CARLOS DR FT. MYERS BEACH FL 33931 US				DO NOT WRITE IN TH	
				3. Date Incorporated or Qualifed 12/23/1988	_
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0099264	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 3	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes 【 No
	9. Name and Address of Current	1	<u> </u>	10. Name and Address of New Registers	ed Agent
81 Name					
WANDERON, THOMAS			100 000	(D.O. D. M. hard-All-A Association)	
430 SAN CARLOS BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	•
FT MYERS BEACH FL 33931			83		_
				_	
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was auth ons of, Section 607,0505, Florid	norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		,			
	Signature, typed or printed name of registered agent		egistered Agent signature require		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	COE, JANICE		1.2 NAME		
STREET ADDRESS	1425 BLOOR ST WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO		1.4 CITY-ST-ZIP		
ΠLE	\$	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THURSTON, ROLAND		2.2 NAME		
STREET ADDRESS	850 SAN CARLOS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		2.4 CITY-ST-ZIP		1710s
TITLE	D	DELETE	-3.1 TITLE	· •	. ⊱-X Change . ☐ Addition
NAME	CHAMPION ARTHUR		3.2 NAME	2024 0 1 0	
STREET ADDRESS	1915 HALGRIM AVE. APT 1109		T-	2034 Canal Street Fort Myers. FL 33907	
CITY-ST-ZIP	FORT MYERS FL		0.4. 0.1.1 07 2.11	Fort Myers, FL 33907	610L □ 1400
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	CHAMPION, MARY		4. 2 NAME		
STREET ADDRESS	1915 HALGRIM AVE APT 1109			2034 Canal Street	
CITY-ST-ZIP	FORT MYERS FL			Fort Myers, FL 33907	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		· DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ROLAND THURSTON

SIGNATURE AND TYPED OR PRINTED NAME OF

(941) 463-5422

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90079 008 ***150.00