FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996	NUAL REPORT Secretary of State					
DOCUMENT #	P9200000686	2 (6)				
MATECUMBE PROPER	RTIES, LTD., INC.					
Principal Place of Business	Mailing Addres	s				IŞ BODIY ODUN DONUF OSIDI DONSO DINIQ NIDI IDDI
86000 OVERSEAS HIGHWAY	P.O. BOX 45	567	<u>~</u> L	7		
ISLAMORADA FL 33036 US	DALTON GA US	30719-	- O	•	3. Date Incorporated or Qualified	3a. Date of Last Report
		30117			11/23/1992	06/30/1995
2. Principal Place of Business	2a. Mailing Add	iress			4. FEI Number	Applied For
21	26				65-0418960	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt.	#, etc			5. Certificate of Status Desired	Fee Required
City & State	City & State	3			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip Cour 25	ntry Zip 29	30	ountry			s No
	dress of Current Registered Agen				10. Name and Address of New	Registered Agent
			81	Name		
1411112 (0) 000			Street Ad	ldress (P.O. Box Number is Not Accepta	ble)	
86009 OVERSEAS HWY.			83	 		
ISLAMORADA FL 33036			84	City		85 Zip Code
 > .						FL
 or registered agent or both in t 	the State of Florida. Such charge wa	is aumorzed by inc	bovek e carp	named corp loration's bo	poration submits this statement for the property of directors. Thereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
familiar with, and accept the ob-	ligations of, Section 607.0505, Florid	a Statutes.				
SIGNATURE Signature typical or printed the	man after principal apportunithment apparation	NOTE Boyele	ig Age	o'squation not	and known calalest	DAT:
12.	OFFICERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TIFLE PVD	0 ~~ r		1 TILLE 2 NAME			C) Guardy C Magnion
NAME HANNAH, MAF				1 ADDRESS		
CITY-S1-ZIP DALTON GA	30720		t Ci™y -			
TITLE		E'ELE 5	1 TITLE			☐ Change ☐ Addition
NAME			2 NAME			
STREET ADDRESS			3 STREE 4 CITY -	LADORESS		
CATY-ST-ZIP TITLE			1 TITLE	31.2"		Change Addition
NAME		3:	2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-7IP			4 CHTY - 1 THLE	ST-ZIP		Change Addition
TITLE NAME	□,		2 NAME			
STREET ADDRESS				F ADDRESS	~2000017	88232
CHTY+ST-ZIP				ST-Z:P	2000017 -04/22/9601	023036 Addition
TITLE			PATALES.	1	***200.00	. Onlyings [] Registers
NAME CZOSSI ADDROSS		l l	2 NAMÉ 3 STREE	1 ADDRESS		• .•
STREET ADDRESS CHTY-ST-7P				ST - ZIF		
TITLE		OFFETE 6	1 TrTLE			Criange Addition
NAME		6	2 NAME	.		\V\\.\

63 STREET ADDRESS

64 CITY ST-7IP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate anothat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the constraints 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 lithin that an address. SIGNATURE:

STREET ADDRESS