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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048792 (3)

MATECUMBE ENTERTAINMENT, INC.

Principal Place of Business
8300 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Maiting Address

P.O. BOX 985 ISLAMORADA FL 33036-0985

FILED Jan 23 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 02/29/1996		
	ace of Business	2a. Mading Address			4. FEI Number	Apr	olied For	
21 83230	26			65-0500878	Not	Not Applicable		
Suite, Apt. #	, etc	Suite, Apt. #. etc.		_	5. Certificate of Status Desired	☐ \$8.75 A Fee Rec		
City & State	<i></i> /	City & State			6. Election Campaign Financing	\$5.00 i		
	MORADA F1	28 Z ₁ D	Count	ru :	Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No		199.032,		
24 ADO	وا (25) 9. Name and Address of Current	29 Registered Agent	30	·····	10. Name and Address of New Registered Agent			
LEON	VARD, GERALD V		8	1 Name	^ / /		******	
	WEKIVA COVE ROAD			GERALD V LEONARD				
	GWOOD FL 32779		8	82 Street Address (P.O. Box Number is Not Acceptable)				
LON	GWOOD FL 32779		l e	3 0 D	201 OLD HWY			
		4						
			8	4 City	Telamono	FL 85 Zip 0	ode	
44 Description	a the same signs of Contract CO7 0400	2 and CO7 1509 Florida Statu	too the abo	Jun pomod o	LSLAMO RADA orporation submits this statement for the p		036	
office or re	egistered agent, or both, in the State.	of Florida, Such change was	authorized	by the carpo	ration's board of directors. I hereby accep	or the appointment as i	registered	
agent. Lar	n familiar with and accopt the obliga	tions of Section 607.0505, FI	orida Statut	es.				
SIGNATURE								
	Signature, 1991 if or product name of registered age. OFFICERS AND			igont signature re	quired when reinstatings ADDITIONS/CHANGES TO OFFIC	DATE	2 IN 42	
12.	OF ICEAS AINL	DELETE	13. 1.1 T(T)		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TALE	LEONADO CEDALO	C. Diccir		i		Onlingo	noutron	
NAME	LEONARD, GERALD		1,2 NAM	ŀ				
STREET ADDRESS	560 WEKIVA COVE ROAD			ET ADDRESS		•	,	
CITY-ST ZIF	LONGWOOD FL 32779			-ST-7IP		110	4.435	
TITLE			2.1 TITL	·		Change	Addition	
NAME	LEONARD, ARLOWINE M		2 2 NAM				1	
STREET ADDRESS	560 WEKIVA COVE ROAD		23 STRI	EFT ADDRESS				
CHY+ST ZIP	LONGWOOD FL 32779			r-S1-ZiP				
TITLE		☐ DELETE	3.1 TITL			Change	Addition	
NAME			3.2 NAN					
STREET ADDRESS			3,3 STA	ET ADDRESS				
CITY - ST - ZiP				Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E		☐ Change	Addition	
NAME			4, 2 NAI	ME				
STREET ADDRESS			4,3 STR	EET ADORESS				
C(TY - S1 - Z)P				-ST-ZIP				
TITLE		☐ DELETE	5 1 TITL	E		Change	Addition	
NAME			52 NAM	IE .				
STREET ADDRESS			5 3 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 CiTy	(-ST-ZIP				
TITLE		DELETE	6 1 TITL	E		Change	Addition	
NAME			6.2 NAM	(E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-SI-ZIP				-ST-ZIP				
	by certify that the information supplied	I with this filling does not qual			ited in Section 119.07(3)(i), Florida Statute	s. I further certify that	the	