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

DÓCUMENT # P95000027847 (9)

MATTERY SHACK II, INC.

Principal Place of Business Mailing Address 100650 OVERSEAS HIGHWAY 100850 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037-2581 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1995 04/18/1996 2. Principa' Place of Business 2a. Mailing Address Applied For Not Applicable 65-0574656 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Żφ Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, **⊠** No ☐ Yes Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GELBER, JEROME B **BUTTONWOOD BAY APTS (UNIT L2)** 82 Street Address (P.O. Box Number is Not Acceptable) 96000 OVERSEAS HIGHWAY 83 KEY LARGO FL 33037 84 City 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. Lam lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature type dior product name of regularized agest and title diapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE 1011 1.2 NAME GELBER, JEROME B NAME 100650 OVERSEAS HIGHWAY 1.3 STREET ADDRESS STREET ADORESS KEY LARGO FL 33037 1.4 CITY - \$1 - ZIP CITY - \$1-ZIP Change Addition DELETE 2.1 TITLE 100.5 2.2 NAME MALIF 2.3 STREET ADDRESS STEEL LAUDRESS 2. 4 CITY - ST - ZIP Q17 - S1 - 28 Addition DELETE Change 3.1 TITLE Milit 3.2 NAME NAM? 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP City-St-783 Change Addition DELETE 41 TITLE HILLE 4. 2 NAME * A/ 16 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHY-SI-70 Change Addition DELETE 5.1 TITLE THILE 5.2 NAME HAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST ZiP Addition Change HLE □ DELÉTE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do nereby 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 exporation or the receiver it trust is impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

CITY ST ZIP

ATURIS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEROME B. E-ELBER glygg

FILED

Apr 08 1997 8:00am

Secretary of State

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