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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033666 (4)

MATOAKA HEIGHTS SUBDIVISION, INC.

information indicated on this annual report flam an officer or director of the corporation appears in Block 12 or Block 13 if change

SIGNATURE:

7309 49TH AVE E 7309 49TH AVE E BRADENTON FL 34203-7836 **BRADENTON FL 34203** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996 2a. Mailing Address 2. Principal Place of Business Applied For 0670690 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CROSS. ROBERT 7309 49TH AVE E 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** 83 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 Signature typodior printed name of registereo agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE CROSS, ROBERT NAME: 1.2 NAME 7309 49TH AVE E 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition DVST 21 TITLE Change TI*LE BEITLICH, PAUL D NAME 2.2 NAME 2033 MAIN ST #101 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 2. 4 CITY-ST-ZIP CiTY - \$1 - ZIP Addition DELETE Channe 3.1 TITLE THILE Steiner, Paul NAME 3.2 NAME 7309 49TH AVE E 3.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** 3.4. CITY - \$1-7IP CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with also filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

97 941-758.5460