FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 25 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05404 (6)

1. Corporation Name
MATAY BEACH PROPERTIES, INC.

Principal Place of Business	Mailing Address
4885 LAKE CECILE DR KISSIMMEE FL 34746	4885 LAKE CECILE DR KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3045679 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~MATAY, REINHOLD, SR.~~
4885 LAKE CECILE DR
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

01 Name: JONES MONICA
02 Street Address (P.O. Box Number is Not Acceptable): 4885 LAKE CECILE DR.
03
04 City: KISSIMMEE FL 05 Zip Code: 34746

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: Monica Jones MONICA JONES (SECRETARY) 4.19.95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	~~MATAY, REINHOLD, SR.~~	1.2 NAME		
STREET ADDRESS	~~4885 LAKE CECILE DR~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~KISSIMMEE FL~~	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE	VP/T	☒ Change ☐ Addition
NAME	MATAY, ANNELIESE	2.2 NAME		
STREET ADDRESS	4885 LAKE CECILE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MONICA	3.2 NAME		
STREET ADDRESS	4615 WOODLANDS VLG DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	MATAY, REINHOLD, JR	4.2 NAME		
STREET ADDRESS	3442 AMACA CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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)(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.

SIGNATURE: Monica Jones MONICA JONES 4.19.95 (407) 396-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0378444 CP