

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S05404** (6)

1. Corporation Name

MATAY BEACH PROPERTIES, INC.



Principal Place of Business

**4885 LAKE CECILE DR
KISSIMMEE FL 34746**

Mailing Address

**4885 LAKE CECILE DR
KISSIMMEE FL 34746**

3. Date Incorporated or Qualified

10/08/1990

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FCI Number

59-3045679

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, MONICA
4885 LAKE CECILE DR
KISSIMMEE FL 34746**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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 (typed or printed name of registered agent and the agent)

(Signature) Agent of signature required when recording

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VPT**
STREET ADDRESS **MATAY, ANNELESE**
CITY-STATE-ZIP **4885 LAKE CECILE DR
KISSIMMEE FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **JONES, MONICA**
CITY-STATE-ZIP **4615 WOODLANDS VLG DR
ORLANDO FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MATAY, REINHOLD, JR**
CITY-STATE-ZIP **3442 AMACA CIR
ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 **(407) 396 0555**
DATE DAYTIME PHONE #

CR2E034 (12/95)