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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 613809 MATRIX ENGINEERING, INC. Principal Place of Business Mailing Address 3434 INDUSTRIAL 33 ST 3434 INDUSTRIAL 33 ST FT PIERCE FL 34946 FT PIERCE FL 34946 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1898648 21 Not Applicable 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 23 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo SAYLOR, EDWARD T JR 1025 33RD AVE. S.W. Street Address (P.O. Box Number is Not Acceptable) 82 VERO BEACH FL 32962 83 84 City Zip Code Pursuant to the provisions of Sections 607 05/02 and 607, 15/08, 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 (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition TITLE 1.1 TITLE SAYLOR EDWARD T 1.2 NAME NAME 1025 33RD AVE. S.W. 1.3 STREET ADDRESS STREET ADDRESS VERO BCH FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TIFLE 2.1 THE SAYLOR EDWARD T NAME 22 NAME 1025 33RD AVE. S.W. 2 3 STREET ADDRESS STREET ADDRESS VERO BCH FL 00000 2 4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HAYES, THOMAS NAME 3.2 NAME 1550 SMUGGLERS COVE STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TRUE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE

> 6.2 NAME 6.3 STREET ADDRESS

14. I hereby 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

4/16/98

(561) 461-2156

FILED