NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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MATRIX CAPITAL GROUP, INC.

uipat Place of Business

FIFTH AVENUE : FLOOR

Mailing Address 405 LEXINGTON AVE

SUITE 4100

FILED

00 JAN -4 PM 3: 13

SECRETARY OF STATE TAUGUMASSEE, FUORIDA.



DEMICTATERREAT

- YOHK NY 10103		NEW YORK NY 10174-0002 US		TRESTRO CONTRACTOR				
				3. Date Incorporated or Qualified 12/23/1993				
Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applie				
		26 666 FIFA	Avenue	11-3192253 Not Applic	cable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	al			
		27 14 44 FL	00R	SCertificate of Status Desired Fee Required	}			
City & Stat	te	City & State	(6. Election Campaign Financing \$5.00 May Be	е			
		28 NEW YORK	<u>. NY </u>	Trust Fund Contribution				
Zip	Country	Zip	Country	8. This corporation owes the current year	- {			
	25		USA	Intangible Personal Property.				
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent				
COF	RPORATION SERVICE COMPANY		81 Name		l			
	1 HAYS STREET	•	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)				
	LAHASSEE FL: 32301							
ותנ	EATAGOEL IL 32301		83		}			
			84 City	85 Zip Code				
			OH City	FL 53 Zip Code	.			
Pursuan	t to the provisions of sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of changing its registered	;			
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the appointment as registered	1			
	Bulla of Singar	AUTHORIZED REF	PRESENTATIVE	11/22/99	}			
SNATURE	Signature, typed or printed name registered agent		E: Registered Agent signature r		• {			
- -	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	dition			
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Ε	SARKANY, THOMAS		1.2 NAME		4			
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-ST-ZIP	NEW YORK NY 10103		1.4 CITY-ST-ZIP	****758.75 ****758.7	5.			
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	NEW YORK NY 10103		2.4 CITY-ST-ZIP		}			
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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 Block 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE:

3290