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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 24 1997 8:00am

Secretary of State

904) 223-1955

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** 

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appears in Block 12 or Block 13 if changed or on an attachment with an address

CITY - ST. ZIP

(3)

MATRIX SYSTEMS, INC.

Principal Place of Business Mailing Address 14750 BEACH BLVD. #79 14750 BEACH BLVD. #79 P.O. BOX 51556 P.O. BOX 51556 JACKSONVILLE FL 32250 JACKSONVILLE FL 32250-2363 3. Date incorporated or Qualified 3a. Date of Last Report 07/11/1983 03/21/1996 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-234 1883 Not Applicable 21 26 Suite Apt # etc. Suite, Apt. #, etc \$8.75 Additional XΧ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country  $Z_{10}$ Zip This corporation has liability for intangible tax under s. 199.032, Yes X No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATTHES, WALTER L. Name 14750 BEACH BLVD. #79 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BCH. FL 32250 83 84 City 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. Tam family at with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SignWalter—LandMatthes - President (NOTE Registered Agent signature required when reinstating)

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE P/T/S X Change Addition TITLE 1.1 TITLE MATTHES, WALTER L. 1.2 NAME Matthes, Walter L. NAM: 14750 BEACH BLVD. #79 14750 Beach Blvd. #79 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL C(TY - S1 - 7)P 1.4 CITY - ST-ZIP Jacksonville, FL 32250 XXXOELETE Change Addition TITLE 21 TITLE MATTHES, DAVID J. NAME 2.2 NAME 14750 BEACH BLVD. #79 2 3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 2 4 CITY-ST-ZIP CITY - S1 - ZIE S XXXDELETE Change Addition TITLE 3 1 TITLE MATTHES, MAUREEN D. 3.2 NAME 14750 BEACH BLVD. #79 STREET ADDRESS 33 STREET ADDRESS JACKSONVILLE BCH FL CITY - ST - 7(P 34. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition PETERSON, CHARLES H. NAME 4 2 NAME 9430 BRIGHTON AVENUE 4.3 STREET ADDRESS STREET ADDRESS **ELBERTA AL** OffY-St-78 4.4 CITY - ST - ZIP DELETE Addition TIFLE 5.1 TITLE ☐ Change WILSON, RONALD H NAME **5.2 NAME** 900 FOX VALLEY DR. 207 STREET ADDRESS 5.3 STREET ADDRESS LONGWOOD FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition T:TLE 6.1 TITLE DELOACH, ROBERT E NAME 6.2 NAME 850 WIMBLEDON DRIVE STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arriual 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