

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

APPROVED AND FILED

SUMMARY OF CHANGES
SEE PAGE 2

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H62523** (6)
1. Corporation Name
MATRIX ENTERPRISES INC.

Principal Place of Business: **5926 SEDGWICK RD. W WORTHINGTON OH 43235**
Mailing Address: **5926 SEDGWICK RD. W WORTHINGTON OH 43235**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/18/1985	02/03/1994
22. State, Apt. # etc.		27. State, Apt. # etc.		4. FEI Number	Applied For
22		27		59-2555718	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
PARRISH, BRUCE W. JR. 105 S NARCISSUS AVE. W PALM BCH. FL 33401				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARRISH, BRUCE W. JR. 105 S NARCISSUS AVE. W PALM BCH. FL 33401				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85 Zip Code

11. Pursuant to the provisions of law in Sections 607.02, 607.03, and 607.04, 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 a registered agent, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, CHARLES B.	1. NAME	
STREET ADDRESS	5926 SEDGWICK RD.	1. STREET ADDRESS	
CITY, STATE	W WORTHINGTON OH	1. CITY, STATE	
TITLE	V	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, MARJORIE D.	2. NAME	
STREET ADDRESS	5926 SEDGWICK RD.	2. STREET ADDRESS	
CITY, STATE	W. WORTHINGTON OH	2. CITY, STATE	
TITLE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE		3. CITY, STATE	
TITLE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE		4. CITY, STATE	
TITLE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE		5. CITY, STATE	
TITLE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE		6. CITY, STATE	

14. The filer certifies that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information relates to the annual report or supplementary annual report as 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 officer or director empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or certificate filed with an address.

SIGNATURE: *Charles B. Small*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
CHARLES B. SMALL

4/30/95