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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K90714

(2)

MATRIX ASSOCIATES, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED
Jun 09 1997 8:00am
Secretary of State

Principal Place of Business		Mailing Address			# 100120151 010 10531 90411 (0054) 140	TO MANDE MANDEL MANDEL MANDER MANDER MANDEL AND TO THE PARTY.
748 RIVERBEN LONGWOOD F		748 RIVERBEND BLVD. LONGWOOD FL 32778-2349				
					3. Date incorporated or Qualifound 05/25/1989	fied 3a. Date of Last Report 07/25/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
[21]		26			NOT APPLICABLE	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27			Fee Required	
23	te	City & State		Election Campaign Financia     Trust Fund Contribution		
Zip	Country	Zip	Cor			
24	25	29	30	ii ita y	Florida Statutes	y for intangible tax under s. 199.032,  Yes No
<b>[-7</b> ]	9. Name and Address of Curren		1901		10. Name and Address of New	
BOF	BACH, DOROTHY			81 Name		
2766 SAND HOLLOW COURT				82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34621			or baree	of Madress (F.O. Box Marriser is Not Mode	plabley	
				83		
				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida St	atutes the al	nove-name	ed corporation submits this statement for	
l office or i	registered agent, or both, in the State am f <b>a</b> mlliar with, and accept the obliga	⊦of Florida. Such change w	∕as authorize <sub>'</sub>	d by the co	orporation's board of directors. I hereby a	accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age					
12.	OFFICERS AND		T 13.	3 Agent signatu	ure required when reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.8.10	(1 F	Abbinotolotikivata 10 c	Change Addition
NAME	ANDERSON, JAMES D.		1.2 N/			
STREET ADDRESS	748 RIVERBEND BLVD			REE1 ADDRESS	s	
CITY-ST-ZIP	LONGWOOD FL			IY-ST-ZIP		
TITLE	VŠ.	DELETE	2.1 U			Change Addition
NAME	ANDERSON, NANCY R.		2.2 N/	ME		•
STREET ADDRESS	748 RIVERBEND BLVD		2.3 ST	REET ADDRESS	8	
CITY-ST-ZIP	LONGWOOD FL		2.4 C	11Y - \$1 <i>- 2</i> 1P		
TITLE		☐ DELETE	3.1 70	TLE		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REFT ADDRESS	5	,
CITY-ST-ZIP			34 C	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	TLF:		Change Addition
ALAKIE .					1	

6.4 City - \$1 - 7iP 14. I do 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 attachpoint with an address.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CHY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETÉ

Change

Addition

Change Addition