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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L90588** (9)
1. Corporation Name
COLOR MATRIX INC.

Principal Place of Business Making Address
416 SOUTHPOINT BOULEVARD
SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/02/1990** 3a. Date of Last Report **04/25/1994**
4. FEI Number **50-3028173** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be
Added to Fees
6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1599 S.W. 30th Avenue** 26 Suite, Apt. #, etc.
22 **Suite #1** 27 City & State
23 **Boynton Beach, FL** 28 City & State
24 **33426** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSARD, LEROY	1.2 NAME	
STREET ADDRESS	440 ARBUTUS AVE., SE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROANOKE VA	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSARD, STEVEN	2.2 NAME	
STREET ADDRESS	11 PALMWOOD COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH FL	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSARD, MICHAEL	3.2 NAME	
STREET ADDRESS	1802 GREENWOOD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROANOKE VA	3.4 CITY - ST - ZIP	
TITLE	DP / S / I	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, PAUL N.	4.2 NAME	
STREET ADDRESS	P.O. BOX 1023 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul N. Reynolds* 1495 401 736-4966
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
PAUL N. REYNOLDS