

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014782 (6)

1. Corporation Name

MATRIX CAPITAL CORPORATION I



Principal Place of Business

Mailing Address

3121 NW 107TH AVENUE
CORAL SPRINGS FL 33065
US

3121 NW 107TH AVENUE
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0405201

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYTLE, JOSEPH A
3121 NW 107TH AVENUE
CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LYTLE, JOSEPH A
STREET ADDRESS 3121 NW 107TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

TITLE P
NAME LYTLE, JOSEPH A
STREET ADDRESS 3121 NW 107TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 of the corporation, or that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address. I am empowered to execute this report as required by Chapter 617, Florida Statutes, and

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/1/96 (954) 346-5590

CR2E034 (3/96)