

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000004388 (3)**

1. Corporation Name

**POLY-MATRIX SERVICES, INC.**

Principal Place of Business

**528 SE 32ND STREET  
3400 MCINTOSH RD  
FORT LAUDERDALE FL 33316  
US**

Mailing Address

**POST OFFICE BOX 2465  
FT. LAUDERDALE FL 33303**



2. Principal Place of Business

**21 521 E Las Olas Blvd**

2a. Mailing Address

**26 P.O. Box 2465**

Suite, Apt. #, etc.

**22 Fort Lauderdale FL**

City & State

**23 33301**

Zip

Country

**25 Broward**

**24**

9. Name and Address of Current Registered Agent

**HARRISON, DAVID**

**528 SE 32ND STREET**

**3400 MCINTOSH RD.**

**FORT LAUDERDALE FL 33316**

**416 Isle of Capri**

**Fort Lauderdale**

**FL 33301**

**28 33303**

**29 Broward**

**30 Broward**

3. Date Incorporated or Qualified

**01/14/1993**

3a. Date of Last Report

**02/02/1995**

4. FEI Number

**65-0386790**

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**HARRISON, DAVID**

**416 ISLE OF CAPRI**

**FT. LAUDERDALE FL**

**V**

**HARRISON, MARION**

**416 ISLE OF CAPRI**

**FORT LAUDERDALE FL**

**TS**

**O'DONNELL, GUY**

**200 NE 19TH COURT, M105**

**FT. LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**TS**

**Harrison, Marion**

**416 Isle of Capri**

**Fort Lauderdale FL**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**V**

**O'Donnell, Guy**

**200 NE 19th Court, M105**

**Fort Lauderdale, FL**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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 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 attachment with an address.

SIGNATURE: *Marion Harrison* **Marion Harrison** **2/28/96** **(954)767-0270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)