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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P94000065687 (3)

MATRIX CAPITAL CONSULTANTS, INC.

Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD. 1451 W. CYPRESS CREEK RD. BUITE \$00 FT. LAUDERDALE FL \$3308 SUITE 300 FT. LAUDERDALE FL 33309-1999 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1994 05/01/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 65-0517859 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country This corporation has liability for intangible tax under s. 199.032. 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZIMMERMAN, ROBERT Name 6684-D BOCA PINES TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MERL, BRETT NAME 1.2 NAME 1451 W. CYPRESS CREEK RD., #300 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition BERNSTEIN, HOWARD NAME 2.2 NAME 9635 N.W. 52 MANOR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP time 🖗 DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. C(1) Y - S1 - Z(P title 🖫 DELETE 4.1 TITLE Change Addition NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 City - \$1 - ZiP DELETE TITLE 5.1 TITLE Change Addition NAME \* 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. CITY-ST-ZIP
15. Onereby certify that the information supplied with this filling 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 empowerf of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or on an attachment with an address.