

1-23-97 8-0608 -c

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

FILED

Jan 23 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025238 (3)

1. Corporation Name
COMATRIX SOUTHEAST, INC.Principal Place of Business
2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309Mailing Address
2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309-17353. Date Incorporated or Qualified
03/29/19953a. Date of Last Report
03/14/19964. FEI Number
65-0581894Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 2952 N.W. 60th street

2a. Mailing Address

26 Same

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

23 Fort Lauderdale, FL

City & State

28

Zip

24 33309

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HERRERA, MARTIN A
2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Martin A. Herrera

82 Street Address (P.O. Box Number is Not Acceptable)

83 2952 N.W. 60th Street

84 City Fort Lauderdale

FL

85 Zip Code 33309

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-15-97

12. OFFICERS AND DIRECTORS

TITLE V
NAME HERRERA, MARTIN A
STREET ADDRESS 2952 N.W. 60TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309☐ DELETETITLE P
NAME PACHELLI, MICHAEL
STREET ADDRESS 2952 N.W. 60TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309☐ DELETETITLE D
NAME SILVER, NORMAN
STREET ADDRESS 1628 130TH AVE NE
CITY-ST-ZIP BELLEVUE WA 98005☐ DELETETITLE D
NAME BERNSTEIN, ROBERT J
STREET ADDRESS 1711 E ASH AVE
CITY-ST-ZIP FULLERTON CA 92631☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: *Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-15-97 (954) 975-9966

CR2E034 (9/96)