

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90104 047 ***158.75

DOCUMENT # P95000025238

1. Corporation Name

COMATRIX SOUTHEAST, INC.

Principal Place of Business

2952 NW 60TH STREET
FT LAUDERDALE FL 33309
US

Mailing Address

2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

65-0581894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2952 N.W. 60th St.

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

Zip

24 33309

Country

25 Broward

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

28 Zip

Country

29 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 Name

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

83 2952 N.W. 60th St.

84

85 Ft. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-17-99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME HERRERA, MARTIN A
STREET ADDRESS 2952 N.W. 60TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE P ☐ DELETE

NAME PACHELLI, MICHAEL
STREET ADDRESS 2952 N.W. 60TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D ☐ DELETE

NAME SILVER, NORMAN
STREET ADDRESS 1628 130TH AVE NE
CITY-ST-ZIP BELLEVUE WA 98005

TITLE D ☐ DELETE

NAME BERNSTEIN, ROBERT J
STREET ADDRESS 1711 E ASH AVE
CITY-ST-ZIP FULLERTON CA 92631

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)