PROFIT CORPORATION ` ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500045928

1. Corporation Name

MATRIX ADVISORS INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90146 043 ***150.00

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Principal Place	e of Business	Ma	ailing Address						1401 WEELL WOLLS I		{	SERBI IBIS IBDI
412 HALIFAX AVE		412	412 HALIFAX AVE.									
DAYTONA BEACH FL 32118			DAYTONA BEACH FL 32118					_		NEC IN TH	UO OD 1 OF	
							-	3. Date Incorporate	O NOT WE		IIS SPACE	
									or Qualife	U		ļ
D. D. Startford D.			. Mailing Address					06/13/1995 4. FEI Number				plied For
<u> </u>	lace of Business	— <u></u>	, Mailing Address					59-3336273_			<u> </u>	ot Applicable
21 Suite Ant	# ata	26	Suite, Apt. #, etc.									Additional
Suite, Apt. #, etc.		27	27					5. Certifcate of Stat	us Desired		Fee R	equired
City & Stat	e		City & State				<u> </u>	6. Election Campaig	n Financino		\$5.00	May Be
23	_	28	•					Trust Fund Contr		" 🗆		to Fees
Zip	Country	1201	Zip	Co	untry			8. This corporation	owes the cu	rrent year	Intangible	
24	25	29		30			ŀ	Personal Propert			Yes	□No
	9. Name and Address of Cur	rent Regis	tered Agent				1	10. Name and Addr	ess of New	Registere	d Agent	
					81	Name		•				- 1
1	NS, ESQ., LAWRENCE W				82	Street	Address	(P.O. Box Number i	s Not Accer	table)		
	HALIFAX AVE.	•							<u> </u>			
DAY	TONA BEACH FL 32118			,	83							į
					84	City					. 85 Zip	Code
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							1	tion eubmite this stat	ement for th	е ругрозе	of changing its	registered
11. Pursuant	to the provisions of Sections 607.0	0502 and 6	07.1508, Florida Stat	tutes, the	above	-named	corpora	board of directors I	herany acc	out the ann	onintment as re	nistered
11. Pursuant office or ragent. I a	to the provisions of Sections 607. egistered agent, or both, in the Sta m familier with, and accept the ob	0502 and 6 ate of Florid ligations of	607.1508, Florida Sta da. Such change was , Section 607.0505, F	tutes, the a s authorize Florida Sta	above d by tutes.	a-named the corp	oration's	board of directors. I	hereby acc	ept he app	pointment as re	gistered
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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:

TOWN UNIT ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE