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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90067 033 ***150.00

DOCUMENT # P95000088197

CONSTR	RUCTION MATRIX, INC.	000191	4,	. •					
Principal Plac	e of Business	Mailing Address			- I TO ELITO È I FILL CORRO E	fill Mairi earn paric murst	randa isniki sidif	ibili iddi fadi	
7710 ANN BALLARD RD. 7710 ANN BALLARD RD. TAMPA FL 33634 TAMPA FL 33634-2333 US US				DOM	IOT WRITE IN THIS	SPACE			
03		US			3. Date incorporated or				ì
1					11/16/1995				
2 Briggings P	lace of Business	2a. Malling Address			4. FEI Number		Ar	plied For	
<u> </u>	INCE OF DESIRESS	·			59-3345243		<u> </u>	t Applicable	
21 Suite Art	#	Suite, Apt. #, etc.			<u> </u>			Additional	1
Suite, Apt.	w, etc.	⊢ ' '			5. Certificate of Status D	esired 🔲	Fee Re		
City & Stat		City & State			# Charles Campaign Fi		\$5.00	<u> </u>	
·		·····			 Election Campaign.Fi Trust Fund Contribution 		Added 1		
23	Country	26 Zip	Count		8. This corporation ower			3.33	
Zip			30		Personal Property Ta		Yes	□No	
24	9. Name and Address of Currer		30 ₁		_ 10. Name and Address				
	9. Name and Address or Curren	it Registered Agent	- 8	1 Name	1) (2)	7	-gont	_	
COL	LETTE, RON		- 1		DANA 12 2	10074			
1	O ANN BALLARD RD.		8	12 Street Add	iress (P.O. Box Number is No				
TAMPA FL 33634			ļ_		0006 HANCE	4 KORU			
IAM	FA FL 33034		8	13	1	•			
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office of r agent. I si SIGNATURE	to the provisions of Sections 667.050 softstered algent, or both, in the State in familiar with, and agreed the obligations typed or prints name of registered so	nt and title if applicable [NOTE: I	Registered Ac		red when reinstating)	DATE			(8)
12.	OFFICERS AF	ID DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN			₹
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CITY-ST-ZIP	TAMPA FL							l.	ĬĬ.
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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 of supplemental annual, report in the apt accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or dusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 815-885-5232