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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048105 (6)

MATRIX COMMUNICATIONS, INC.

Principal Place of Business Mailing Address

5725 CORPORATE WAY 5725 CORPORATE WAY
SUITE 205 SUITE 205
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-2035

2. Principal Place of Business 2a. Mailing Address

FILED
May 14 1997 8:00am
Secretary of State



3a. Date of Last Report

3. Date incorporated or Qualified

06/03/1996

21	Place of Business	2s. Mailing A	ddress			4. FEI Number 65 - Ø67	5919		pplied For ot Applicable	
Suite, Apt	#, etc	Suite, Ap	t. #, etc.			5. Certificate of Status	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$8.75	Additional equired	
City & Stat	te	City & Sta	ite	······································		6. Election Campaign Trust Fund Contribution	-		May Be to Fees	
Ζ(ρ	Country 25	Zip		Country		8. This corporation ha	s liability for in			
571	9. Name and Address of Curre			<u>~</u>	·	10. Name and Addres				
BRO	OWN, GARY A			81	Name					
572	25 CORPORATE WAY			100		(D O O 11 1 1		. 1		
SUITE 205 WEST PALM BEACH FL 33407				82	Street Address (P.O. Box Number is Not Acceptable)					
				63	83					
								······································		
				84	City			FL 85 Zip	Code	
11. Pursuani	to the previsions of Sections 607.05	602 and 607.1508. F	torida Statutes	the above	-named corp	poration submits this state	ment for the ou	roose of changing	its registered	
office or	registered agent, or both, in the Statem familiar with, and accept the obli	le of Florida. Such c	hange was au	thorized by	the corporat	tion's board of directors. I	hereby accept	the appointment as	s registered	
J	ал тапіваг with, ало ассері те оов	galions of, section (JUZ JOSOS, FROM	ua siaiules	s.,					
SIGNATURE	Signature, typod or printed name of registered a	gent and title if applicable	(NOTE:	Registered Ape	nt signature requir	red when reinstaling)		DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTO	RS IN 12	
TOLE	PRESIDENT		DELETE	1.1 TITLE	P	RESIDEMT		Change	Addition	
NAME	GARY BROWN			1.2 NAME	CA	ARY BROWN				
STREET ADORESS	12900 CALAIS CIR	CLE		1.3 STREET	ADDRESS 12	1900 CALAIS	CIECLE	-		
	PALM BEACH GAR	KENG FI	33410	4	16	x				
CITY-ST-ZIP	PARCIN ISSING COMM	D= 1,0	_33410	1,4 CITY-S	T-712: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALM BEACH O	子にのサイン	5 FL 58	5410.	
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	ALM ISSACT BAN		7		T- ZIP. Y	ALM BEACH O	WICD=W			
Titt	ANCH ISSAUL BAN		7	2.1 TITLE		ALM BEACH O	WICD=W			
TITLE NAME	ALM ISSAUL BALL		7	2.1 TITLE 2.2 NAME	ADDRESS	ALM BEACH C	WICD=W			
TIPLE NAME STREET ADDRESS	ALM ISSAUL BALL		7	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	ALM BEACH C	WICO W			
TOTEE NAME STREET ADDRESS COTY-ST-ZOP	ATUM ISSAULT BAT		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	ALM BEACH C	W(CEN)	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ATUM ISSAULT BATT		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-5 3.1 TITLE	ADDRESS 51-21P	ALM BEACH C	WIEDE W.	Change	Addition	
TOTALE NAME STREET ADDRESS COTY - ST - ZIP TITLE NAME	JACA 152 ACT 151		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS ST-ZIP ADDRESS	ALM BEACH C	AKO N	Change	Addition	
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. I do hereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO.

4-28-97 661-

Daytime Phone #