

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

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90016 023 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000087925

1. Corporation Name  
CERAMIC MATRIX OF FLORIDA, INC.



Principal Place of Business  
3500 W 45TH ST #16  
W PALM BCH FL 33407  
US

Mailing Address  
3500 W 45TH ST  
16  
W PALM BCH FL 33407  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 3500 W 45th STREET  
Suite, Apt. #, etc.  
22 SUITE # 11  
City & State  
23 WEST PALM BEACH FL  
Zip  
24 33407 Country  
25 USA

2a. Mailing Address  
26 3500 W 45th STREET  
Suite, Apt. #, etc.  
27 SUITE # 11  
City & State  
28 WEST PALM BEACH FL  
Zip  
29 33407 Country  
30 USA

3. Date Incorporated or Qualified  
10/22/1996

4. FEI Number  
65-0701147

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CHAMI, GLEN	3500 W 45TH ST 16	W PALM BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		3500 W 45th STREET SUITE # 11	WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

Date

561 681 610

Daytime Phone #

CR2E034 (1/1/98)

0367208