

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90003 029 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000009283

1. Corporation Name
INFOMATRIX, INC.

Principal Place of Business
8256 NW 9TH CT.
PLANTATION FL 33324

Mailing Address
8256 NW 9TH CT.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12101 NW 26 st
Suite, Apt. #, etc.
City & State
Plantation, FL
Zip
33323
Country
USA

2a. Mailing Address
26 P.O. BOX 457031
Suite, Apt. #, etc.
City & State
28 Sunrise, FL
Zip
33345
Country
USA

3. Date Incorporated or Qualified
01/28/1998

4. FEL Number
65-0809650
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.
Yes No

9. Name and Address of Current Registered Agent
FRANCIS, DEXTER
8256 NW 9TH CT.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
DEXTER FRANCIS.
82 Street Address (P.O. Box Number is Not Acceptable)
12101 NW 26 st.
83
84 City
Plantation
FL 85 Zip Code
33323

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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
DEXTER FRANCIS
12101 NW 26 st
Plantation, FL 33323

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition
T FAYE FRANCIS.
12101 NW 26 st
Plantation, FL 33323

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 (changed, or on an attachment) with an address.

SIGNATURE: _____ DATE: 7/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/99)

P98000009283
582158-90003-29

InfoMatrix, Inc.
P.O. Box 451031
Sunrise, FL 33345

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Annual Report

RE: Filing No - P98000009283
EIN No - 650809650

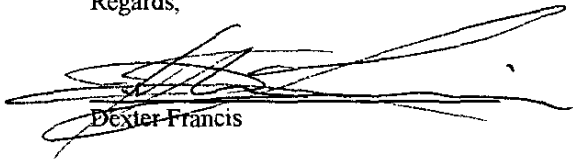
Dear Sir/Madame,

I received the 2nd Notice for the Annual Report filing for 1999. I am always willing to pay the appropriate filing fees once I receive the necessary notification but I didn't receive the first notification. Therefore, please accept my filing fee at the regular rate and forward confirmation to me at the above address. If there are any problems, please contact my office or using any of the information below. Again, thank you for your understanding in this matter.

Email: InfoWorks@Worldnet.att.net

Tel: (954) - 424-1400

Regards,



Dexter Francis