

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90097 036 ***150.00

DOCUMENT # P98000063170

1. Corporation Name

MATRIX TRADING GROUP, INC.

Principal Place of Business

17 ELGIN LANE
PALM BEACH GARDENS FL 33418

Mailing Address

17 ELGIN LANE
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0852501

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

2. Principal Place of Business

21 11300 US Highway 1

Suite, Apt. #, etc.

22 Suite 400

City & State

23 North Palm Beach FL

Zip

24 33408-3208 25 USA

2a. Mailing Address

26 11300 US Highway 1

Suite, Apt. #, etc.

27 Suite 400

City & State

28 North Palm Beach FL

Zip

29 33408-3208 30 USA

9. Name and Address of Current Registered Agent

WEDEEN, DAVID
17 ELGIN LANE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

David Wedeen

82 Street Address (P.O. Box Number is Not Acceptable)

11300 US Highway 1

83

Suite 400

84

North Palm Beach FL

85 Zip Code

33408

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 D ☐ DELETE

NAME WEDEEN, DAVID
STREET ADDRESS 17 ELGIN LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ DELETE

NAME SMITHERS, CHRISTOPHER
STREET ADDRESS 13 LOCHWICH ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME Wedeen, David

1.3 STREET ADDRESS 11 Dunbar Road

1.4 CITY-ST-ZIP Palm Beach Gardens FL 33418

2.1 TITLE D, V ☒ Change ☒ Addition

2.2 NAME Smithers, Christopher

2.3 STREET ADDRESS 13 Lochwich Road

2.4 CITY-ST-ZIP Palm Beach Gardens FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: David Wedeen REQUIRED Date 4/28/99 561-691-6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)