

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **520382**

(3)

1. Corporation Name

MARTE OF LAKELAND, INC.

Principal Place of Business

Mailing Address

**547 CAROLE STREET
LAKELAND FL 33803**

**547 CAROLE STREET
LAKELAND FL 33803-3803**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1976	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1724015	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent

**BRZOWSKI, T. T.
547 CAROLE STREET
LAKELAND FL 33803**

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		11 TITLE		☐ Change ☐ Addition	
NAME	BRZOWSKI, T. T.			12 NAME			
STREET ADDRESS	547 CAROLE STREET			13 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			14 CITY-ST-ZIP			
TITLE	TO	☐ DELETE		21 TITLE		☐ Change ☐ Addition	
NAME	BRZOWSKI, MARTHA			22 NAME			
STREET ADDRESS	547 CAROLE STREET			23 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			24 CITY-ST-ZIP			
TITLE		☐ DELETE		31 TITLE		☐ Change ☐ Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE		☐ Change ☐ Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE		☐ Change ☐ Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE		☐ Change ☐ Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

Signature of T. T. Brzowski

3-7-97 (941)681-0697

CR2E034 (9/96)