

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **523238** (4)

1. Corporation Name
MARTIN B. WARREN, INC.



Principal Place of Business: **8037 NW 72ND ST. TAMARAC FL 33321**
Mailing Address: **8037 NW 72ND ST. TAMARAC FL 33321**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1977	3a. Date of Last Report 04/11/1995
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number 59-1713214	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KELLEY, ALDRICH & WARREN, P.A. 222 LAKEVIEW AVENUE EQPERANTE, SUITE 360 WEST PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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 resubmitting.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P WARREN, GLENDA B			2. NAME			
STREET ADDRESS	8037 NW 72ND ST.			3. STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			4. CITY-ST-ZIP			
TITLE	SD WARREN, MARTIN B	<input type="checkbox"/> DELETE		5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8037 NW 72ND ST.			6. NAME			
STREET ADDRESS	TAMARAC FL			7. STREET ADDRESS			
CITY-ST-ZIP				8. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				10. NAME			
STREET ADDRESS				11. STREET ADDRESS			
CITY-ST-ZIP				12. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				14. NAME			
STREET ADDRESS				15. STREET ADDRESS			
CITY-ST-ZIP				16. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				18. NAME			
STREET ADDRESS				19. STREET ADDRESS			
CITY-ST-ZIP				20. CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/28/96** TELEPHONE: **954-726-9185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)