

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H68746 (7)
1. Corporation Name
MARTIFACTS, INC.



Principal Place of Business Mailing Address
% RAYMOND H. NEWMAN
11517 PORTSIDE DR
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified **07/26/1985** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2564541** 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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
NEWMAN, RAYMOND H.
11517 PORTSIDE DR
JACKSONVILLE FL 32225

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP NEWMAN, RAYMOND H. 11517 PORTSIDE DR JACKSONVILLE FL	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY - ST - ZIP		4. 4 CITY - ST - ZIP
TITLE	D CHAO, G.S. 3509 SANDBURG RD JACKSONVILLE FL	2. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME
STREET ADDRESS		2. 3 STREET ADDRESS 5717 OCONTO AVE
CITY - ST - ZIP		2. 4 CITY - ST - ZIP RANCHO PALOS VERDES, CA 90274
TITLE		3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY - ST - ZIP		3. 4 CITY - ST - ZIP
TITLE		4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY - ST - ZIP		4. 4 CITY - ST - ZIP
TITLE		5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY - ST - ZIP		5. 4 CITY - ST - ZIP
TITLE		6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME
STREET ADDRESS		6. 3 STREET ADDRESS
CITY - ST - ZIP		6. 4 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, or on an attachment with an address.

SIGNATURE: RAYMOND H. NEWMAN DATE: 16 APR 96 DAYTIME PHONE: 904 645 0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)