

**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 # **J08320** (0)  
 1. Corporation Name  
**MARTIN DESIGN ASSOCIATES, INC.**



Principal Place of Business: 2325 N.W. 30TH STREET FT. LAUDERDALE FL 33311 US  
 Mailing Address: 2325 N.W. 30TH STREET FT. LAUDERDALE FL 33311 US

3. Date Incorporated or Qualified: 04/08/1986  
 3a. Date of Last Report: 05/01/1995  
 4. FEI Number: 59-2733550 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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
 2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country  
 30

9. Name and Address of Current Registered Agent  
**WILLIAM M. MARTIN JR.**  
**1561 N.W. 7TH STREET**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 1.1 TITLE:  DELETE  
 NAME: **P MARTIN, WILLIAM M**  
 STREET ADDRESS: **1561 NW 7TH STREET**  
 CITY-ST-ZIP: **BOCA RATON FL**  
 1.2 TITLE:  DELETE  
 NAME: **S PATTON, SHELBA**  
 STREET ADDRESS: **1150 N W 13ST / APT - 152C**  
 CITY-ST-ZIP: **BOCA RATON FL**  
 1.3 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 1.4 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:  
 1.5 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS:  
 1.4 CITY-ST-ZIP:  
 2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY-ST-ZIP:  
 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 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 in an attachment to an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/1/96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DAY: 305-735-4625

CR2E034 (12/95)