

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L44954 (0)

1. Corporation Name
EVANS MARTIN, INC.



Principal Place of Business 3655 AMBERLY CIRCLE #A208 NAPLES FL 33962	Mailing Address 3655 AMBERLY CIRCLE #A208 NAPLES FL 33962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 665 Mardel Court Suite, Apt. #, etc.	2a. Mailing Address 26 C/O Evans Martin 24 Queen Street East Suite, Apt. #, etc.
22 #102 (Birkshire Landings) City & State	27 Suite 900 City & State
23 Naples, Florida Zip	28 Brampton, Ontario Zip
24 34104 Country 25 U.S.A.	29 L6V 1A3 Country 30 Canada

3. Date Incorporated or Qualified 01/22/1990	
4. FEI Number 65-0188959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAC'KIE, PAMELA S.
CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name William R. Smith	
82 Street Address (P.O. Box Number is Not Acceptable) 8191 College Parkway, Suite 300	
83	
84 City Fort Myers, Florida	85 Zip Code FL 33919

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 607.0502, Florida Statutes.

SIGNATURE *William R. Smith, attorney at law* **WILLIAM R. SMITH** **2/13/98**

(Not a Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUDENSKY, WALLY	
STREET ADDRESS	4 JOHN BECK CRESCENT	
CITY-ST-ZIP	BRAMPTON, ONTARIO L6W 2T3	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, JOHN	
STREET ADDRESS	15 HERNE HILL	
CITY-ST-ZIP	ISLINGTON, ONTARIO M9A 2W9	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, ROBERT D	
STREET ADDRESS	238 ELISABETH GROVE	
CITY-ST-ZIP	KING'S CITY, ONTARIO LOG 1K0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *William R. Smith* **WILLIAM R. SMITH** **Feb 12 1998** **905-453-0252**

CF2E034 (10/97)