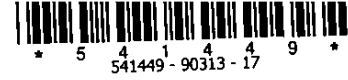


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90154 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18225**  
 1. Corporation Name  
**THE MARTIN BUILDING, INC.**



Principal Place of Business 1580 40TH TERRACE S.W. NAPLES FL 34116	Mailing Address 1580 40TH TERRACE S.W. NAPLES FL 34116
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/11/1986	4. FEI Number 59-2778860 Applied For 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
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9. Name and Address of Current Registered Agent LEON, NELVER 1580 40TH TERRACE S.W. NAPLES FL 34116	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Barbara Dargai* **BARBARA DARGAI** DATE **4/22/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSANTI, LUIGI	1.2 NAME	
STREET ADDRESS	1580 40TH TERRACE S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, NELVER	2.2 NAME	
STREET ADDRESS	1580 40TH TERRACE S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGAI, GARY F	3.2 NAME	
STREET ADDRESS	1580 40TH TERRACE S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcia Mazurek	4.2 NAME	
STREET ADDRESS	1580 40th Terr. Sw, Unit A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34116	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerelyn Cobb	5.2 NAME	
STREET ADDRESS	1580 40th Terr. Sw, Unit E	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34116	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Dargai	6.2 NAME	
STREET ADDRESS	1580 40th Terr. Sw. Unit F	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34116	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *Barbara Dargai* **BARBARA DARGAI** DATE **4/22/99** 911-348-9513

CR2E037 (11/98)