

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90119 009 ****61.25
 04-16-1999 90079 016 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004482

1. Corporation Name
MARTINIQUE CONDOMINIUMS, INC.

Principal Place of Business 401 W. COLONIAL DR., STE. 7 ORLANDO FL 32804	Mailing Address 401 W. COLONIAL DR., STE. 7 ORLANDO FL 32804
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2. Principal Place of Business 21 <u>140 Columbus Circle</u>	2a. Mailing Address 26 <u>140 Columbus Circle</u>	3. Date Incorporated or Qualified <u>08/04/1998</u>
22	27	4. FEI Number <u>59-3523369</u>
23 City & State <u>Longwood FL</u>	28 City & State <u>Longwood FL</u>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <u>32750</u> 25 Country <u>USA</u>	29 Zip <u>32750</u> 30 Country <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FANT, JAMES H 401 W. COLONIAL DR., STE. 7 ORLANDO FL 32804	10. Name and Address of New Registered Agent 81 Name <u>James R. Mack</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>140 Columbus Circle</u> 83 84 City <u>Longwood</u> FL 85 Zip Code <u>32750</u>
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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: James R. Mack DATE: 3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D MACK, JAMES R 140 COLUMBUS CIR. LONGWOOD FL 32750	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D MACK, BONNIE 140 COLUMBIA CIR. LONGWOOD FL 32750	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>140 Columbus Circle</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D KNOTT, WILSON A 140 COLUMBIA CIR. LONGWOOD FL 32750	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>140 Columbus Circle</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: James R. Mack **REQUIRED** DATE: 3/1/99 DAYTIME PHONE: 4073321661

CR2E037 (1/198)