

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 # P13388 (4)
1. Corporation Name
MARTLET IMPORTING CO., INC.



Principal Place of Business: **11911 FREEDOM DRIVE RESTON VA 22090-5609**
Mailing Address: **11911 FREEDOM DRIVE RESTON VA 22090-5609**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1987	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc. Suite 700	26	Suite, Apt. #, etc. Suite 700	4. FET Number 98-0013724	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0509, Florida Statutes.

SIGNATURE: _____ (Name: _____) (Title: _____)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BARNETT, JOHN R.		1.2 NAME		
3. STREET ADDRESS	11625 ROLLING MEADOW		1.3 STREET ADDRESS		
4. CITY, ST, ZIP	GREAT FALLS VA		1.4 CITY, ST, ZIP		
5. TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	GLICKERT, WILLIAM W		2.2 NAME		
7. STREET ADDRESS	8403 BROOKWOOD CT.		2.3 STREET ADDRESS		
8. CITY, ST, ZIP	MCLEAN VA		2.4 CITY, ST, ZIP		
9. TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	CAREFOOTE, JEFFERSON J		3.2 NAME		
11. STREET ADDRESS	1346 HUNTER MILL ROAD		3.3 STREET ADDRESS		
12. CITY, ST, ZIP	VIENNA VA		3.4 CITY, ST, ZIP		
13. TITLE	VT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	CHARLES, LYLE R		4.2 NAME		
15. STREET ADDRESS	541 NAILS DAIRY CT		4.3 STREET ADDRESS		
16. CITY, ST, ZIP	GREAT FALLS VA		4.4 CITY, ST, ZIP		
17. TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	WILLIAM G SCHMUS		5.2 NAME		
19. STREET ADDRESS	19755 KILLARNEY WAY		5.3 STREET ADDRESS		
20. CITY, ST, ZIP	BROOKFIELD WI		5.4 CITY, ST, ZIP		
21. TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	MICHAEL T JONES		6.2 NAME		
23. STREET ADDRESS	333 WEST CEDAR VALLEY DR		6.3 STREET ADDRESS		
24. CITY, ST, ZIP	DELAFIELD WI		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 affidavit.

SIGNATURE: **MICHAEL T. JONES** 1/29/96 414/931-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Phone #

CR2E034 (12/95)