1995

Division of Corporations

DOCUMENT # P94000037633 (2)

95 APR 19 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
LISA MARTINOLICH, INC.

Principal Place of Business	Mailing Address
~~6613 S.W. 15TH ST.~~ ~~FT. LAUDERDALE FL 33313~~	~~6613 S.W. 15TH ST.~~ ~~FT. LAUDERDALE FL 33312~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6613 BAYFRONT DR.	26 6613 BAYFRONT DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MARGATE FL	28 City & State: MARGATE FL
24 Zip: 33063-7028 25 Country: USA	29 Zip: 33063-7028 30 Country: USA

4. FEI Number: 65-0493817 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINOLICH, LISA ~~6613 S.W. 15TH ST.~~ ~~FT. LAUDERDALE FL 33312~~	81 Name: MARTINOLICH, LISA 82 Street Address (P.O. Box Number is Not Acceptable): 6613 BAYFRONT DR. 83 84 City: MARGATE FL 85 Zip Code: 33063

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 X Lisa Martinolich DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition D
NAME	MARTINOLICH, LISA	1.2 NAME	MARTINOLICH, LISA
STREET ADDRESS	~~3300 S.W. 15TH ST.~~	1.3 STREET ADDRESS	6613 BAYFRONT DR.
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33312~~	1.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Lisa MarDonolich Lisa Martinolich/Dir. 4/10/95 305-920-3131
SIGNATURE AND TITLE OF PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0821000 CP