

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

FILED
Feb 11 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 # P96000094858 (3)
 1. Corporation Name
TOM MARTINEZ INSURANCE AGENCY, INC.



Principal Place of Business C/O 8000 PETERS ROAD 2ND FLOOR PLANTATION FL 33324 <i>2521 South University Dr Davie, FL 33324</i>	Mailing Address C/O 8000 PETERS ROAD 2ND FLOOR PLANTATION FL 33324 <i>2521 South University Dr Davie, FL 33324</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1996

4. FEI Number 65-0713814	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 <i>2521 So. University Dr</i> Suite, Apt. #, etc. 22 City & State 23 <i>Davie, FL</i> Zip 24 <i>33324</i>	2a. Mailing Address 26 <i>2521 So. University Dr</i> Suite, Apt. #, etc. 27 City & State 28 <i>Davie, FL</i> Zip 29 <i>33324</i>	Country 25 <i>USA</i>	Country 30 <i>USA</i>
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9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
8000 PETERS ROAD
2ND FLOOR
PLANTATION FL 33324

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, TOM	
STREET ADDRESS	C/O 8000 PETERS ROAD, 2ND FLOOR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	<i>PSTD</i>	<input type="checkbox"/> DELETE
NAME	<i>Martinez, George T.</i>	
STREET ADDRESS	<i>2521 S. UNIVERSITY DR.</i>	
CITY-ST-ZIP	<i>DAVIE, FL, 33324</i>	
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: *Tom Martinez* Pres. *1/15/97* *954 476-7772*

CR2E034 (10/97)