

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90013 050 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000044506

1. Corporation Name  
 MARTIN BERNAL & ASSOCIATES, INC.



Principal Place of Business: 4040 WEST WATERS AVENUE SUITE 700 TAMPA FL 33614  
 Mailing Address: 4040 WEST WATERS AVENUE SUITE 700 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1998  
 4. FEI Number: 59-3516914 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 owes the current year Intangible Personal Property: Yes  No

2. Principal Place of Business: 4040 W. WATERS AV SUITE 1000 TAMPA FL  
 2a. Mailing Address: 4040 W. WATERS AV SUITE 1000 TAMPA FL  
 23. City & State: TAMPA FL  
 24. Zip: FL Hillsborough 33614  
 25. Country: Hillsborough  
 29. Zip: 33614  
 30. Country: Hillsborough

9. Name and Address of Current Registered Agent  
 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
 81 Name: MARTIN BERNAL  
 82 Street Address (P.O. Box Number is Not Acceptable): 4040 W. WATERS AV, #1000  
 83  
 84 City: Tampa FL 85 Zip Code: 33614

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: Maurice Martin Bernal (Signature) 9/15/99 DATE  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BERNAL, MAURICE M	
STREET ADDRESS	4040 WEST WATERS AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
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: Maurice Martin Bernal (Signature) 9/15/99 (813) 901-0091

CR2E034 (5/99)