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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000080104

1. Corporation Name
MARTNI MAGUIRE, INC.



Principal Place of Business
 5401 KIRKMAN RD., STE. 725
 ORLANDO FL 32819

Mailing Address
 5401 KIRKMAN RD., STE. 725
 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/16/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3532510 | 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 owes the current year intangible Personal Property Tax. | <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 | | | |
| KHATIB, RASHID A 5401 KIRKMAN RD., STE. 725 ORLANDO FL 32819 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ 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 | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KHATIB, RASHID A | | | 1.2 NAME | | | |
| STREET ADDRESS | 5401 KIRKMAN RD., STE. 725 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32819 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KHOURI, ZAH M | | | 2.2 NAME | | | |
| STREET ADDRESS | 505 PARK AVE., 8TH FLOOR | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10022-1184 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JABER, HASAN M | | | 3.2 NAME | | | |
| STREET ADDRESS | 1568 LANDINGS TERR. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HODGE, RANDALL R | | | 4.2 NAME | | | |
| STREET ADDRESS | 5401 KIRKMAN RD., STE. 725 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32819 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LUNDIN, BARRY A | | | 5.2 NAME | | | |
| STREET ADDRESS | 1534 INDIAN DANCE CT. | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MAITLAND FL 32751 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)