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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837035

MARTIN AND MARTIN, INCORPORATED

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90008 006 ***150.00

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Principal Plac	ce of Business	Mailing Address				1 100101 (BIBS 11114 1002) 08180 12101 0141 0101	BIGII BIBII 1 3 13)
SUITE A SUITE		SUITE A	ITE A					
37 S MAIN STREET		37 S MAIN STREET			DO NOT WANTE IN THE COLUMN			
CHAMBERSBURG PA 17201		CHAMBERSBURG PA 17201		L	DO NOT WRITE IN THIS SPACE			
US	•	US				3. Date Incorporated or Qualifed		
3 5		1 0- A4 91 A 4 1				09/15/1976		
 		2a. Mailing Address	ng Address		1	4. FEI Number		plied For
<u> </u>		 	26			25-1242919		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27		· .		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip ·· Country		Zip Country] '	8. This corporation owes the current year Intangible			
24	25		0			Personal Property Tax.	☐ Yes	(DHO)
	9. Name and Address of Current	vaðisralag Aðaur	81	l Name		0. Name and Address of New Registere	u Agent	
SPONDER, RAYMOND			["	- Taille				
741 CONCHSHELL MANOR		82	Stree	eet Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			83	1		र कुरियोग के कुछ कर के अपने के किस के कि		
	7		"	1				
	•		84	City		ini va rosenti vai roa hajidh	85 Zip (Code "Code"
11: Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	/e-name/	d corporati	ion submits this statement for the purpose of board of directors. I hereby accept the app	of changing its	registered
office or	registered agent, or both, in the State of	Florida. Such change was aut	horized by	the con	poration's	board of directors. I hereby accept the app	ointment as re	gistered
170	em familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statute	S.			والأوالي والمالة	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: R	enistered Ane	nt signature	a required whe	en reinstating) (1.3.71) DATE	<u> </u>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		1	25-12420 12	Change	Addition
NAME .	BODNER, RICHARD M.		1.2 NAME			144 (45%)		
STREET ADDRESS	3344 CARNOOSTIE DRIVE		1.3 STREE	TADORESS	s .			
CITY-ST-ZIP	CHAMBERSBURG PA		1.4 CITY-5		1	•		
TITLE	TD	☐ DELETE	2.1 TITLE		+	n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Change	Addition
NAME	SIOBERG, CHARLES M.		2.2 NAME			·		
STREET ADDRESS 938 E. MCKINLEY ST.			TADDRESS				· 1	
	-CHAMBERSBURG PA		2.4 CITY-		"			
CITY-ST-ZIP	CHAMDENOSONO FA	☐ DELETE	3.1 TITLE	51-ZIP -			☐ Change	Addition
\$9 <u>(</u>)	W.G. MYSSYLL	3.55	3.2 NAME			•	C Audide	
NAME STREET ADORESS	Street and the street of the street			T ADDRESS				
F4 E3	TANON EL TOTA]	。 「學習時期」也多數學數數多數	温渊湖温	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-	51-ZIP	+		ir i Siži, šiui iš čič ⊡ Chančo i	Self-1/Addition
NAME			4.1 IIILE 4.2 NAME			(4) 大変 できるできる事業の実施的では、	: + Em cuairing (** (ET VIOLENIT
医质性 名	•	,". ·	1		_			
STREET ADDRESS	[]			TADDRESS	5		. .	· · ·
CITY-ST-ZIP THE	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE	4.4 CITY-S	ii-ZIP	+		Channel	CT ANALYSIA
	,		5.1 TITLE			a superior di pe	Change	Addition
NAME	,		5.2 NAME	T. 6000000	.	- \$470 BM		1
STREET ADDRESS	PD -		1	T ADDRESS]	** ** ** ** ** ** ** ** ** ** ** ** **		· . [
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u>'</u>
TITLE	BUILDING TOUT FOR FOR	☐ DELETE	6.1 TITLE			• .	☐ Change	Addition
NAME	SS44 GMARKETE BLOCK	•	6.2 NAME					
STREET ADDRESS	CPANICASE FORA	•		TADDRESS	3]
CITY-ST-ZIP			6.4 CITY-S	T-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 aparticular with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

264-675

Daytime Phone

CR2E034 (11/6