Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90100 045 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 152560

1. Corporation	n Name MARTIN INSURANCE AGENO	CY, INC.						
Principal Plac	e of Business	Mailing Address			1 (100)01 (100) 01(1)	IA JICAT BEITA BIETI ABLI A	(BI) BIBLI AIRIC AIRIC A	HEN AIRN INEN
10990 WEST EL	AGLER STREET	10930 WEST FLAGLER STRE	FT					
#308	CACLET OTTICE!	#308						
MIAM! FL 33174	4	MIAMI FL 33174				O NOT WRITE IN 1	THIS SPACE	
]			_		3. Date Incorporated 12/29/1947	or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26	_		<u> 59-0575781</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Statu	Desired	′ \$8.75_	
22		27			g. Corandate of Clare		Fee Re	equired
City & Stat	e	City & State			<ol><li>Election Campaign</li></ol>	Financing	\$5.00	•
23		28			Trust Fund Contrib	ution	Added t	to Fees
'Zip	Country	Zip	Country		8. This corporation of	wes the current yea	r Intangible	
24			30		Personal Property	Tax:	Yes	L:_No
	g. Name and Address of Current	Registered Agent		r	10. Name and Addre	ss of New Registe	red Agent	
			81	Name	•			t
	TIN,DAVID		82	Street	Address (P.O. Box Number is	Not Acceptable)		·
8965	S SW 156 STREET					, , , , , , , , , , , , , , , , , , ,		
MIAN	M FL 33157		83					
			-	Cib			85 Zip (	Code
			84	City			FL	
office or r	registered agent, or both in the State a	Florida. Such change was aut	thorized by	the corno	oration's board of directors. I h	ereby accept the a	ppointment as re	gistered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both in the State of maniliar with and accept the obligation familiar with and accept the obligation of the state of pointed mane of the state of the stat	DUIC MARTIN	Mes.		equired when reinstating)	/-// DAT	# <u> </u>	
1	Significate or printed frame of fegistered agent	t and title if applicable. (NOTE: F	Mes.		equired when reinstating) ADDITIONS/CHAN	/-// DAT	E S AND DIRECTO	DRS IN 12
SIGNATURE	Significe. Nacion or printed harms of pogistered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered Ager		equired when reinstating)	/-// DAT	# <u> </u>	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Standard National Standard Sta	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature n	equired when reinstating) ADDITIONS/CHAN	/-// DAT	₹ S AND DIRECTO	DRS IN 12
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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 adjutes, with all priner like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE

305:227-5503