

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

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **659818** (9)

1. Corporation Name:
DANIEL N. MARTIN, P.A.

Principal Place of Business
**PO BOX 786
NEW PORT RICHEY FL 34656-7786**

Mailing Address
**PO BOX 786
NEW PORT RICHEY FL 34656-0786**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1980		3a. Date of Last Report 03/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1979017		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		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN, DANIEL N
8406 MASSACHUSETTS AVENUE STE B-1
NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent

81 Name
MARTIN, DANIEL N.
82 Street Address (P.O. Box Number is Not Acceptable)
7510 Ridge Road
83
84 City
Port Richey, **FL** 85 Zip Code
34668

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:

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DANIEL N	1.2 NAME	MARTIN, DANIEL N.
STREET ADDRESS	8406 MASSACHUSETTS AVE	1.3 STREET ADDRESS	7510 Ridge Road
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DANIEL N	2.2 NAME	MARTIN, DANIEL N.
STREET ADDRESS	8406 MASSACHUSETTS AVE	2.3 STREET ADDRESS	7510 Ridge Road
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL N. MARTIN

4/1/97 813-842-8439

Daytime Phone #

CR2E034 (9/96)