

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **697725** (0)

1. Corporation Name  
**MARTY'S GRIP & LIGHTING, INC.**



Principal Place of Business: **16201 S.W. 53RD ST. FT. LAUDERDALE FL 33331**  
Mailing Address: **16201 S.W. 53RD ST. FT. LAUDERDALE FL 33331**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	<b>08/05/1981</b>	<b>06/21/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For Not Applicable
22	27	<b>59-2117327</b>	<b>\$8.75 Additional Fee Required</b>
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	9. Name and Address of Current Registered Agent	
Country	Country	10. Name and Address of New Registered Agent	
25	30	81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code	<b>FL</b>

9. Name and Address of Current Registered Agent  
**SEGAL, MARTIN  
16201 S.W. 53RD ST.  
FT. LAUDERDALE FL 33331**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGAL, MARTIN</b>	1.2 NAME	
STREET ADDRESS	<b>16201 SW 53 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGAL, JUDY</b>	2.2 NAME	
STREET ADDRESS	<b>16201 SW 53 STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Marty Segal (Pres.)* 5-24-96 654-434-2606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)