

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

FILED  
Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90053 026 \*\*\*\*150.00

DOCUMENT # 855947

1. Corporation Name  
MARTIN ORLANDO PROPERTIES, INC.

Principal Place of Business  
3510 SILVERSIDE ROAD  
SUITE #3  
WILMINGTON DE 19810

Mailing Address  
3510 SILVERSIDE ROAD  
SUITE #3  
WILMINGTON DE 19810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/29/1983

4. FEI Number

52-1290322

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SKOWRONSKI, W E  
STREET ADDRESS 6801 ROCKLEDGE DR  
CITY-ST-ZIP BETHESDA MD 20817

TITLE DAS  
NAME CHIET, A  
STREET ADDRESS 6801 ROCKLEDGE DR  
CITY-ST-ZIP BETHESDA MD 20817

TITLE D  
NAME BUCHANAN, D  
STREET ADDRESS 6801 ROCKLEDGE DR.  
CITY-ST-ZIP BETHESDA MD 20817

TITLE EVP  
NAME HARE, G C  
STREET ADDRESS 3510 SILVERSIDE RD, STE 3  
CITY-ST-ZIP WILMINGTON DE 19810

TITLE VPT  
NAME REYNOLDS, P C  
STREET ADDRESS 6801 ROCKLEDGE DR.  
CITY-ST-ZIP BETHESDA MD 20817

TITLE S  
NAME BAKER, R J  
STREET ADDRESS 6801 ROCKLEDGE DRIVE  
CITY-ST-ZIP BETHESDA MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

George C. Hare

1/18/99

(302) 478-1583

Date

Daytime Phone #

CR2E034 (1/1/98)