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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F45563**

1. Corporation Name

DICHARD I MARTENIC

	U L. MANTENS, F.A.						
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•	ce of Business	Mailing Address					
% RICHARD I. MARTENS 515 N FLAGLER DR STE 1900		% RICHARD L MARTENS 515 N FLAGLER DR STE 1900					
WEST PALM BEACH FL 33401-4343		WEST PALM BEACH FL 33401-4343		DO NOT WRITE IN THIS SPACE			
	. •			3. Date Incorporated or Quali	fed		
				09/01/1981			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Apı	olied For
21		26		59-2114453			Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	g 🗆 🥇	\$8.75 A	,
		City & State			·	Fee Re	
City & Sta	te	⊢ '	•	6. Election Campaign Financi	^{ng} \square	\$5.00 Added to	
23 Zip	Country	28	Country	Trust Fund Contribution			rees
24	25 ·	⊢ '	30	This corporation owes the corporation owes the corporation owes. Personal Property Tax.		-	₽NO
<u></u>]	9. Name and Address of Current			10. Name and Address of Ne			
	\$ 1000000000000000000000000000000000000	-	81 Name				, '
MAN INSEE	RTENS, RICHARD L		82 Street Add	ress (P.O. Box Number is Not Acc	ontoblo)		
	N FLAGLER DR STE 1900	•	82 Street Addi	Iress (P.O. Box Number is Not Acc	eptable)	. No. of Table 1	
WES	ST PALM BEACH FL 33401		83	1000110110110110110	1 363 4 4 5 3 6 8 8 6	1,77,141,2	
			24 00	1 7 ET ET ET ET ET ET ET ET			51 2 3 123
			84 City		FL	85 Zip C	ode
	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	es the above-named corr	noration submits this statement for	the purpose of cha	anging its	registered
.11, Pursuant	TO THE PROPERTY OF COOLONS CONTROL	and bor . 1000, i nonda otatat	33, the above hamed corp	portution duplimite time ductornom for			
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was at ons of Section 607.0505, Flor	uthorized by the corporation	ion's board of directors. I hereby ac	ccept the appointm	ent as reg	istered
Wite agent. I a	am familiar with, and accept the obligation	Florida. Such change was at ons of, Section 607.0505, Flor	uthorized by the corporation of	on's board of directors. I hereby ac	cept the appointm	nent as reg	istered
11. Pursuant office or was agent if a SIGNATURE	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	uthorized by the corporation of		cept the appointm	nent as reg	istered
SIGNATURE	am familiar with, and accept the obligation Signature, typed or printed name of registered agent of OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Agent signature require	ed when reinstating); ***, *** ADDITIONS/CHANGES TO	DATE OFFICERS AND I	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating);;;;;;;;;;;;;;;	DATE OFFICERS AND I		
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND MARTENS, RICHARD L 515 N FLAGLER DR #1900	ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating); ***, *** ADDITIONS/CHANGES TO	DATE OFFICERS AND I	DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND PD MARTENS, RICHARD L 515 N FLAGLER DR #1900	ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating); ***, *** ADDITIONS/CHANGES TO	DATE OFFICERS AND E	DIRECTO	RS IN 12
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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 resher 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, pr or an appear of the resher of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90021 031 ***150.00