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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

F95000003752 (1)

DOCUMENT #

L.J. MARTIN, INC.

Check & 200 Devt 3/18/96 Enc.

Principal Place of						i illititä ilin ibist attit astri astri			
		Mailing Address 990 IRONWOOD							
990 IRONWOOD 990 IRONWOOD 990 IRONWOOD 990 IRONWOOD MARCO ISLAND FL 33937 MARCO ISLAND FL 3393			3937						
MINIOU IOLINIC	, 16 0000					Data Incorporated or Qualified.	3a D	ate of Last Re	eport
						3. Date incorporated or Qualified 08/03/1995	Ja. D	SKE OF EAST TH	op.
Bringinal Place	o of Business	2a. Mailing Address				4. FET Number 88-0288485	 -		Applied For
. Principal Ptace of Business		26					Not Applicable		
Suite, Apt. #.	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		7	Additional Required
L		27				6 Sharkes Companies Financing			-
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
	Country	28	Coun	itrv		8. This corporation has liability for	intangibk	tax under s	199.032,
Zip	Country 25	29	30	,		Florida Statutes 🔣 Ye	s 🔲 No		
	9. Name and Address of Curre					10. Name and Address of New	Register	d Agent	
				81 1	Name	T. MARTA			
WEBSTER	r, ronald s		}	82 5	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	OLLIER BLVD		Ĺ		990	TRANSCOOD COOK			
MARCO I	SLAND FL 33937			83	•				
			}	84 (Cily 7	- Ca Talana		85 Z	p Code
						ation submits this statement for the p		L	registered off
IGNATUREs	Signature, typed or printed name of registered ag-		NOTE: Registed	April 5	ajračne teorini	r wt en rendstrigt	DAT		200 111 40
_	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS	MD DIRECTO	
	OFFICERS A	AND DIRECTORS **DELETE**	13.	ITLF		ADDITIONS/CHANGES 10 OF	FICERS	Change	
TLE	MARTIN, CAROL	AND DIRECTORS				ADDITIONS/CHANGES 10 OF	FICERS		
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption scared in Section 119.07 (s)(K), nordal statutes. Finding 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 certify 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:

DO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 MAR 96 941-42-9126