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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F99395 1. Corporation Name

TED MARTIN ENTERPRISES, INC.

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		•				3.	Date Incorpora 09/14/1982		ed				
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Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5.	Certifcate of S	tatus Desired		Fee	e Requ	ired	
City & State	e		City & State			6.	Election Camp	oaign Financir	<sup>ng</sup> □		00 ма		
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	9. Name and Addres	s or Current Reg	istered Agent		81 Nam								
MARC	TIN TED "	•											
	tin, ted Ne 193RD St				82 Stree	et Address (F	P.O. Box Numb	er is Not Acce	eptable)				
N. M	IAMI BCH. FL 33180				83	-					1	Total Control	
	•				84 City		<u> </u>		F	85	Zip Co	de	
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11. Pursuant	to the provisions of Section	ons 607.0502 and	-607.1508, Florida Sta rida: Such change wa	atutes, the a is authorize	bove-name by the co	ed corporation's b	oard of director	s. I hereby ac	cept the ap	pointment a	is regis	stered	
office or r	m familiar with and acce	of the obligations	of Section 607.0505.	Florida Stat	utes.								
office or r agent. I a SIGNATURE	to the provisions of Section egistered agent, or both, m familiar with, and accep							,			:_	<u>.                                    </u>	
	Signature, typed or printed name of	f registered agent and titl	tle if applicable. (N	OTE: Registered		ire required when	reinstating)		DATE			<u></u>	(00)
	Signature, typed or printed name o		lie if applicable. (N RECTORS	OTE: Registered	Agent signatu	ire required when	reinstating) ADDITIONS/CI	HANGES TO	DATE	AND DIRE	CTOR	S IN 12	14 (00)
SIGNATURE	Signature, typed or printed name of OF	f registered agent and titl	tle if applicable. (N	OTE: Registered	Agent signatu	ire required when	reinstating)	HANGES TO	DATE		CTOR	<u></u>	(44,00)
SIGNATURE	Signature, typed or printed name o	f registered agent and titl	lie if applicable. (N RECTORS	OTE: Registered	Agent signatu	ire required when	reinstating) ADDITIONS/CI	HANGES TO	DATE	AND DIRE	CTOR	S IN 12	204: (44:100)
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14. 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.

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90054 014 \*\*\*150.00