

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0078511

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G80253** (9)

1. Corporation Name

MARTINI PROPERTIES, INC.

WILLIAM C. MARTINI
949 ISLES RD.
BOYNTON BEACH FL
33435-6111

Principal Place of Business

45 ISLAND DR
OCEAN DRIVE FL 33435
US

Mailing Address

95 ISLAND DR
OCEAN DRIVE FL 33435
US

FILED

98 NOV 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/24/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2369762	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARTINI, WILLIAM 95 ISLAND DR OCEAN RIDGE FL 33435				81 Name	
WILLIAM C. MARTINI 949 ISLES RD. BOYNTON BEACH FL 33435-6111				82 Street Address (P.O. Box Number is Not Acceptable)	
				800 S.W. 17th Avenue	
				83	
				84 City	
				Delray Beach	
				85 Zip Code	
				33444	

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

William C. Martini

9-11-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE DP				1.1 TITLE			
NAME MARTINI, PHYLLIS				1.2 NAME			
STREET ADDRESS 95 ISLAND DR				1.3 STREET ADDRESS			
CITY-ST-ZIP OCEAN RIDGE FL				1.4 CITY-ST-ZIP			
TITLE DST				2.1 TITLE			
NAME MARTINI, WILLIAM				2.2 NAME			
STREET ADDRESS 1281 SW 27TH AVE.				2.3 STREET ADDRESS			
CITY-ST-ZIP BOYNTON BEACH FL				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				3.1 TITLE			
TITLE				3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE			
<input type="checkbox"/> DELETE				4.2 NAME			
TITLE				4.3 STREET ADDRESS			
NAME				4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE			
CITY-ST-ZIP				5.2 NAME			
<input type="checkbox"/> DELETE				5.3 STREET ADDRESS			
TITLE				5.4 CITY-ST-ZIP			
NAME				6.1 TITLE			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
<input type="checkbox"/> DELETE				6.4 CITY-ST-ZIP			
TITLE				7.1 TITLE			
NAME				7.2 NAME			
STREET ADDRESS				7.3 STREET ADDRESS			
CITY-ST-ZIP				7.4 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.

SIGNATURE: X

SIGNATURE REQUIRED

9-11-98 561 2785268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

Martini Properties, Inc.
800 S.W. 17TH Avenue
Delray Beach, Florida 33444

August 31, 1998

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Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

My wife and I are presently in divorce litigation. Our communication has not been good. I thought she paid our business, Martini Properties, Inc., annual fee. She thought I paid the fee. Due to our divorce situation, there was confusion and the annual report was not filed.

As such, I am asking for abatementment of the \$400 penalty due to filing the report after May 1, 1998.

Sincerely,

William Martini *THANK YOU*

William Martini
Martini Properties, Inc.