

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90008 040 \*\*\*150.00

DOCUMENT # **G80253**

1. Corporation Name

**MARTINI PROPERTIES, INC.**

Principal Place of Business

**949 ISLES RD.  
BOYNTON BEACH FL 33435-6111  
US**

Mailing Address

**05 ISLAND DR  
OCEAN DRIVE FL 33405  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/24/1984**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.  
**WILLIAM C. MARTINI**  
**949 ISLES RD.**  
**BOYNTON BEACH FL**  
**33435-6111**

**28** Zip

**30** Country

4. FEI Number

**59-2369762**

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MARTINI, WILLIAM  
800 S.W. 17TH AVENUE  
DELRAY BEACH FL 33444**

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 **DST** ☐ DELETE  
NAME **MARTINI, WILLIAM**  
STREET ADDRESS **800 S.W. 17TH AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0079572

595284-90008-40  
G80253



**M.A. Faichney & Associates, P.A.**

*Certified Public Accountants*

July 21, 1999

Division of Corporations  
Annual Reports Filing  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Document # G80253

Dear Sirs:

Please find enclosed our 1999 Corporate Annual Report with payment of \$150.00. As per a telephone conversation with Elizabeth on July 20<sup>th</sup>, she stated to write a letter explaining our situation and the penalty would be waived.

Based on this information, due to a recent divorce there was a change of address submitted and apparently our report was mailed to the wrong address. We received it on July 12<sup>th</sup>. We respectfully request the penalties be waived due to this matter.

We appreciate your understanding this matter.

If we can be of further assistance please do not hesitate to contact us.

Sincerely:

A handwritten signature in cursive script, appearing to read "Bill Martini".

Bill Martini