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

DOCUMENT # G80253

MARTINI PROPERTIES, INC.

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

07-26-1999 90008 040 ***150.00

WANTINI PROFERITES, INC.							
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Principal Place of Business	Mailing Address						
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BOYNTON BEACH FL 33435-6111	OGEAN DRIVE FI	L 99495		Ì	DO NOT IND	TE IN TUIC COAC	
US	US			}-		ITE IN THIS SPAC	<u>, E</u>
					 Date Incorporated or Qualified 01/24/1984 	_	
2. Principal Place of Business	2a. Mailing Addre	ess			4. FEI Number		Applied For
21	26			1	59-2369762	ſ	Not Applicable
Suite, Apt. #, etc.		WIN C. MA	RTINI			□ \$8	.75 Additional
22	27 040	ISLES F	SL)	[5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·	ee Required
City & State	City & Skate	ION BEA	CH FL		6. Election Campaign Financing	S	5.00 May Be
23	28 9	3435-611	11	1	Trust Fund Contribution		dded to Fees
Zip Country	Zip		Country		8. This corporation owes the curr		
24 25	29	30	···· ,		Intangible Personal Property.	Yes	☐ No
9. Name and Address of Cui					10. Name and Address of New I		
g. Ivalie and Addissa Of Oth			81 Nam		ya	3	
MARTINI, WILLIAM							
800 S.W. 17TH AVENUE			82 Stree	t Address	s (P.O. Box Number is Not Accept	able)	
DELRAY BEACH FL 33444			83				
			83				l
			84 City			- 85	Zip Code
			i I i			<u> -L </u>	
11. Pursuant to the provisions of sections 607.0	0502 and 607.1508, Florid	a Statutes, the	above-named	corporati	on submits this statement for the p	urpose of changing	its registered
office or registered agent, or both, in the Si						DI ING ADDOINIMEN	i as registered
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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 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

ate

Daytime Phone #

P2E034 (5/00)



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

Certified Public Accountants

July 21, 1999

Division of Corporations Annual Reports Filling 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 $20^{\rm th}$, 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 $12^{\rm th}$. 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:

Bill Martini