

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H27875** (4)

1. Corporation Name

CLARK, CHARLTON & MARTINO, P.A.



Principal Place of Business: **C/O ANTHONY T. MARTINO
1715 NORTH WESTSHORE BLVD. SUITE #700
TAMPA FL 33607**

Mailing Address: **C/O ANTHONY T. MARTINO
1715 NORTH WESTSHORE BLVD. SUITE #700
TAMPA FL 33607**

3. Date Incorporated or Qualified: **10/30/1984** 3a. Date of Last Report: **04/25/1995**

4. FFI Number: **59-2464459** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **MARTINO, ANTHONY T.
1715 NORTH WESTSHORE BLVD
SUITE #700
TAMPA FL 33607**

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 607.0500 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 607.050, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT <input type="checkbox"/> DELETE	NAME: CLARK, JAMES W.	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1715 N. WESTSHORE BLVD #700	CITY-ST-ZIP: TAMPA FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS <input type="checkbox"/> DELETE	NAME: CHARLTON, SCOTT	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1715 N. WESTSHORE BLVD #700	CITY-ST-ZIP: TAMPA FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP <input type="checkbox"/> DELETE	NAME: MARTINO, ANTHONY T.	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1715 N. WESTSHORE BLVD #700	CITY-ST-ZIP: TAMPA FL	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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]* DATE: **4/29/96** **813-289-0700**

CR2E034 (12/95)