

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J42658** (1)  
1. Corporation Name  
**MARTORELL CORPORATION**

Principal Place of Business	Mailing Address
% RICHARD A. MARTORELL 11300 CYPRESS DRIVE TEMPLE TERRACE FL 33617	% RICHARD A. MARTORELL 11300 CYPRESS DRIVE TEMPLE TERRACE FL 33617



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/17/1986</b>	3a. Date of Last Report <b>06/16/1995</b>
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.			4. FEI Number <b>59-2743737</b>	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MARTORELL, RICHARD A. 11300 CYPRESS DRIVE TEMPLE TERRACE FL 33617</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 of the person submitting this statement and not to be approved

(The Registered Agent's signature is required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTORELL, RICHARD A.</b>	12 NAME	
STREET ADDRESS	<b>11300 CYPRESS DRIVE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTORELL, RHONA KNIGHT</b>	22 NAME	
STREET ADDRESS	<b>11300 CYPRESS DRIVE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTORELL, PETER KNIGHT</b>	32 NAME	
STREET ADDRESS	<b>11300 CYPRESS DRIVE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTORELL, RICHARD A. JR</b>	42 NAME	
STREET ADDRESS	<b>11300 CYPRESS DRIVE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard A. Martorell* Pres.  
RICHARD A. MARTORELL

6/9/96

(813) 988-5651

CR2E034 (3/96)