

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **J54258** (5)  
 1. Corporation Name  
**ALICE MARTIN, INC.**

Principal Place of Business: **4825 140TH AVENUE N SUITE H CLEARWATER FL 34622 US**  
 Mailing Address: **4825 140TH AVENUE N SUITE H CLEARWATER FL 34622 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) **33762** Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) **33762** Country (30)

3. Date Incorporated or Qualified: **01/27/1987**  
 4. FEI Number: **59-2766368** 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 or has paid the current year Intangible Personal Property Tax due June 30. (X) Yes ( ) No

9. Name and Address of Current Registered Agent  
**MARTIN, ALICE**  
**1600 GULF BLVD. #705**  
**CLEARWATER FL 34630 33762**

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: \_\_\_\_\_ (NOT Required Agent signature required when reinstating) DATE: **4/7**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARTIN, ALICE	
STREET ADDRESS	4825 140TH AVENUE N SUITE H	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	MY	<input type="checkbox"/> DELETE
NAME	Jeffrey Martin	
STREET ADDRESS	4825 140th Avenue N. Suite H	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 addendum.

SIGNATURE: *Alice Martin* *Jeffrey Martin* DATE: **4/2/98** (P.13) 532-5600

CR2E034 (10/97)