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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K25074** **(1)**

1. Corporation Name
**MARTINO & SONS, INC.**

Principal Place of Business
**1140 HOLLAND DR**
**SUITE 10**
**BOCA RATON FL 33487**

Mailing Address
**1140 HOLLAND DR**
**SUITE 10**
**BOCA RATON FL 33487**

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 131 Quality Lane
Suite, Apt. #, etc.
22
City & State
23 MT. Mourne N.C
Zip 24 28123
Country 25 Iredell

2a. Mailing Address
26 PO BOX 339
Suite, Apt. #, etc.
27
City & State
28 MT. Mourne N.C
Zip 29 28123
Country 30 Iredell

4. FEI Number: 65-0052011 — 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

9. Name and Address of Current Registered Agent
**STRAZZABOSCO, MARTIN JR**
**1140 HOLLAND DR**
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name: PROVIDENCE STRAZZABOSCO
82 Street Address (P.O. Box Number is Not Acceptable): 6287 N.W. 63 WAY
83
84 City: PARKLAND, Florida 85 Zip Code: 33067

11. Pursuant to the provisions of Sections 607.0505 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: Providence Strazzabosco — DATE: 4/20/96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | STRAZZABOSCO, PROVIDENCE | |
| STREET ADDRESS | 6287 N.W. 63 WAY | |
| CITY-ST-ZIP | PARKLAND FL | |
| TITLE | PTD | ☐ DELETE |
| NAME | STRAZZABOSCO, MARTIN, JR | |
| STREET ADDRESS | 5511 NW 50TH WAY | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | VS | ☐ DELETE |
| NAME | STRAZZABOSCO, MARK | |
| STREET ADDRESS | 4940 NW 55TH COURT | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| 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 | PTD | ☒ Change ☐ Addition |
| 2.2 NAME | STRAZZABOSCO, MARTIN JR | |
| 2.3 STREET ADDRESS | 776-904 White Oaks Rd. | |
| 2.4 CITY-ST-ZIP | Mooresville, N.C. 28115 | |
| 3.1 TITLE | VS | ☒ Change ☐ Addition |
| 3.2 NAME | STRAZZABOSCO, MARK | |
| 3.3 STREET ADDRESS | 211 W Stewart Ave. | |
| 3.4 CITY-ST-ZIP | Mooresville, N.C. 28115 | |
| 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Providence Strazzabosco — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/20/96 — Daytime Phone #

CR2E034 (12/95)