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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K90274

MARTIN J. CONNIN, INC.

| | | | | | | | | | | | | 1 6 6 6 1 1 1 1 1 1 1 1 | |
|---|--|----------|--------------------------------------|--------------|-------|-----------|--|---|---------------|--------------|-----------------|--------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | 1,000 | , | | | . | | |
| C/O MARTIN J. CONNIN C/O MARTIN J. CONNIN | | | | | | | | | | | | | |
| 7501 ANSON CT. | | | 7501 ANSON CT LAKE WORTH FL 33467 | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| LAKE WORTH FL 33467 LAKE WORTH US US | | | WURTH FL 33467 | HIH FL 3346/ | | | | 3. Date Incorporated or Qualifed | | | | | |
| 03 | | 00 | | | | | 05/23/1 | , | | | | | |
| 2 Principal Pl | ace of Business | 2a. V | Mailing Address | | | | 4. FEI Numb | | | | Appli | ed For | |
| 21 | | | 26 | | | | 65-0121 | 1673 | | | Not / | Applicable | |
| Suite, Apt. | #. etc. | | Suite, Apt. #, etc. | | | | | | | \$8.7 | 5 Ad | ditional | |
| 22 | | | 27 | | | | 5. Certificate | 5. Certificate of Status Desired Fee Required | | | | | |
| City & State | | | City & State | | | | 6. Election C | 6. Election Campaign Financing 55.00 May Be | | | | | |
| 23 | | | 28 | | | | Trust Fund | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Z | ip | Cou | ntry | | 8. This corpo | oration owes the cur | rent year Int | <u></u> | _ | _ | |
| 24 | 25 | 29 | | 30 | | | | Property Tax. | | XYes | L | No | |
| | 9. Name and Address of Current | Register | red Agent | | L, | | 10. Name an | d Address of New | Registered | Agent | | | |
| _ | | | | | 81 | Name | | | | | | | |
| CONNIN, MARTIN J. | | | | | 82 | Street Ac | ress (P.O. Box Number is Not Acceptable) | | | | | | |
| 7501 ANSON CT. | | | | | | | | | | | | | |
| LAKE | E WORTH FL 33467 | | | | 83 | | | | | | | | |
| | | | | | 84 | City | | | | 85 Z | Zip Co | de | |
| | to the provisions of Sections 607.0502 | | | | | | | | FL | . ' | | | |
| SIGNATURE | m familiar with, and accept the obligation Signature, typed or printed name of registered agent | | | | | | ired when reinstating) | | DATE | ~ | | | |
| 12. | OFFICERS AND | | | 13. | | | ADDITION | S/CHANGES TO O | FFICERS AN | ID DIREC | CTOR | S IN 12 | |
| TITLE | PD | | ☐ DELETE | 1.1 TF | TLE | | | | | Chan | ig e | ☐ Addition | |
| NAME | CONNIN, MARTIN J. | | | 1.2 N/ | AME | | | | | | | | |
| STREET ADDRESS | 7501 ANSON CT. | | | 13 S | TREET | ADDRESS | | 4 | | | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | | 1.4 CI | ITY-S | T-ZIP | | | _ | | | | |
| TITLE | SD | | ☐ DELETE | 2.1 Π | TLE. | | | | | ☐ Chan | ige | Addition | |
| NAME | CONNIN, LAURA | | | 2.2 N | AME | | | | | | | | |
| STREET ADDRESS | 7501 ANSON CT. | | | 2.3 S | TREE | ADDRESS | | | | | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | | 2.40 | TY-S | T-ZIP | | <u> </u> | | | | | |
| TITLE | | | ☐ DELETE | 3.1 TI | TLE | | - | | | Chan | ge | Addition | |
| NAME | | | | 3.2 N | AME | 1 | | | | | | | |
| STREET ADDRESS | | | | 3.3 \$ | TREE | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | _ | ITY-S | T-ZIP | | | | | | M Addison | |
| TITLE | | | ☐ DELETE | 4.1 TI | | | | | | Chan | ıge | Addition Addition | |
| NAME | | | | 4. 2 N | | | | | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREET | FADDRESS | | • | | | | | |
| CITY-ST-ZIP | | | | _ | ITY-S | r-zip | | | | | | □ Addition | |
| TITLE | | | ☐ DELETE | 5.1 TI | | | | | | ☐ Chan | ıye | ☐ Addition | |
| NAME | | | | 52N | | | | | | | | | |
| STREET ADDRESS | | | | 5.3 S | IREE | ADDRESS | | | | | | | |

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 attemment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

54

☐ Addition

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90080 019 ***150.00