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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	S. L. D.	DIVISION OF CO	DHPOHATIONS		
DOCUI	MENT #	L22772	(2)			
	RANS CORPOR	IATION	•			
					r hedinent bie were liter geek ibere h	Bi Bibi) Bibi) Bibi: Bibi: Bibi: Bibi) 188)
Delegiont Disc	n of Orginaco		nilira Addrona			
Principal Place of Business Mailing Address 1440 NW 38TH AVE P O BOX 4397						
OCALA FL 344		Ö	CALA FL 34478-4397		1	
US		U	\$		Date Incorporated or Qualified	3a. Date of Last Report
					10/13/1989	05/01/1996
2. Principal P	lace of Business		Mailing Address	11025+	4. FEI Number	Applied For
21 <b>227</b> Suite Apt.		93 & Tree 1 26	\$ 245 A N Suite, Apt. #, etc.	W 9551	59-2987098	Not Applicable  \$8.75 Additional
22	#. GIG	27	Suite, Apr. #, etc.		5, Certificate of Status Desired	Fee Required
City & State	21-1	F1	City & State	161	Election Campaign Financing	\$5.00 May Be
23 /YE C	ZEY ,	7	79EDLEY	Country	Trust Fund Contribution	Added to Fees
ai 33,	16/2 [25]	11.5 A. 29	ウコンノバト	30 US H	This corporation has liability to     Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No
		ddress of Current Regis			10. Name and Address of New F	
MARTINEZ, NELSON A. 81 Name 1/1					MARTIMEZ, NELSON A	
1440 NW 38TH AVE				oddress (P.O. Box Number is Not Josephable) STREET		
OCALA FL 34482				83	757 100 751	) 2) / 200/
				B4 City	EDLEY	FL 85 33766
11, Pursuant office or r	to the provisions of egistered agent, or	Sections 607.0502 and € both, in the State of Flori	i07.1508, Florida Statute da. Such change was a	s, the above-named athorized by the corp	corporation sybmits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
agent La	m familiar with, and	accept the obligations of	f, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Skills have typed or priviles	hasnic of registered agent and lift		Registered Agent signature		DATE
12.	PO	OFFICERS AND DIRE	CTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	<b>B</b> ( 0)
NAME	MARTINEZ, NE	LSON		1.2 NAME	MARTINEZ, Nels	
STREET ADORESS	1440 NW-88TH			1.3 STREET ADDRESS	9245A1 NW 931	ed steest
CITY ST-ZIF	OCALA FL			1.4 City-ST-ZIP	MEDLEY, FL	33166-2027
THLE	VDS	NEWD I	DELETE	2 1 TITLE	NARTINEZ, INGRIZ	Change Addition
NAME	MARTINEZ, INC 1440 NW 38Th			2.2 NAME	8245A NW 93R	STRUT
STREET ADDRESS	OCALA FL-	INTL		2.3 STREET ADDRESS 2.4 City-St-Zip	MFD/FV F/	22166-2027
CHY-ST ZiP TillE	7		DELETE	3 1 T(I) F	Terre	Change Addition
NAME	MARTINEZ, MI			3.2 NAME	MARTINEZ, MICHELL 8245A NW 93RD	ENTACET
STREET ADDRESS	927-SW 57-TE				22454 NW 43KD	3/201
CITY - ST - ZIP	GAINESVILLE	4-	T DELETE	3.4. CITY-ST-ZIP	MEDLEY, FL 3	3166 -202 7 Change Addition
TULE			DELETE	4.1 TITLE 4. 2 NAME	MARTINEZ, INGRID 8245A NW 93RD	A. J. Mange Addition
NAME STREET ADDRESS	l			4. 2 NAME 4.3 STREET ADDRESS	8245A NW 93RD	STREET
CITY - ST - ZIP				4.4 CITY-ST-ZIP	MEDLEY, FL 39	3166-2027
THE			DELETE	5.1 TITLE		Change Addition
NAME				52 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
COLV - ST - ZW			DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE			m nergie	6.1 TITLE 6.2 NAME	·.	Thomas Theorem
PARTIE A PROPERTY				D.E (IMINE		

14. I do 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 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 conforation 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 changes or that an address.

SIGNATURE:

IGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/97

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MARCH IA

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**FILED** 

Apr 07 1997 8:00am

Secretary of State