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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23 1997 8:00am Secretary of State

DOCUMENT # L49299 1. Corporation Name MARTY'S PUB INC. Principal Place of Business 12210 BISCAYNE BLVD. NORTH MIAMI FL 33181-2523 US		Mailing Address 12210 BISCAYNE BLVD NORTH MIAMI FL 80101-8714 US-		3. Date Incorporated or Qualified 38. Date of Last Report		
		12000 N.	BAYSHUME SP	02/12/1990	01/30/1996	
- 1	Place of Business	2a. Mailing Address	120	4. FEI Number 65-0173640	<u> </u>	oplied For
Suite Apt	: # etc	Suite, Apt. 1, etc.	1/05		- \$0.7E	ot Applicable Additional
2		27 N. MIAM	1.76	5. Certificate of Status Desired	, , , , , ,	equired
City & Sta	te:	Ully & State		6. Election Campaign Financing	\$5.00	May Be
3		28 33/8/		Trust Fund Contribution	Added Added	to Fees
Zip TI	Country	Zip	Country	This corporation has liability for	intangible tax under s Yes 🔲 No	. 199.032,
4	25] 9. Name and Address of Curren	29 29 Agent	30 00	Florida Statutes 10. Name and Address of New Re		· · · · · · · · · · · · · · · · · · ·
			84 City		FL 85 Zip	Code
11. Pursuant office or agent 1.	t to the provisions of Sections 607.050 registered agent, or both, in the State ani farmhar with, and accept the obligi	2 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	es, the above-named corp authorized by the corporal orida Statutes.	poralion submits this statement for the pation's board of directors. I hereby acception	ourpose of changing i pt the appointment as	ts registered registered
	to the provisions of Sections 607,050 registered agent, or both, in the State and farmhar with, and accept the obligation of the provision agents the control of the state of		es, the above named corp authorized by the corporal oricla Statutes. E Registered Agent signature requi	kied when reinstating)	DATE	
SIGNATURE	Signature, hyperal printed transport of registering ago OFFICERS ANI	ortano mie if spylicable (NOT DIDIRECTORS	E Registered Agent signature requi		DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. 14th	OFFICERS AN	or Land title if applicable (NOT	E Registered Agent signature requi	kied when reinstating)	DATE	
SIGNATURE 1 12. Dale Name	OFFICERS AND PTS PASQUA, JUDITH A	ortano mie if spylicable (NOT DIDIRECTORS	E Registered Agent signature requirements 13. 1.1 TiTLE 1.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. IJILE NAME STREET ACCRESS	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD	ortano mie if spylicable (NOT DIDIRECTORS	E Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	kied when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17.	OFFICERS AND PTS PASQUA, JUDITH A	ortano mie if spylicable (NOT DIDIRECTORS	E Registered Agent signature requirements 13. 1.1 TiTLE 1.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. IJLE NAME SIBELL ACCIPESS CITY ST-ZIP JITLE	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J	ortand Min if symbolishin (NOT D DIRECTORS	E Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	kied when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. WILE NAME SIDELY ACCRESS CITY ST-7/P WILE NAME	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST	ortand Min if symbolishin (NOT D DIRECTORS	E Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	kied when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. 1/16 NAME SIBELLADORESS CITY ST-ZIP SIRSELADORESS CITY ST-ZIP	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J	Trans trie if synficable (NOT D DIRECTORS DELETE	E Registered Agent agnature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	kied when reinstating)	DATE CERS AND DIRECTOF Crange Change	Addition Addition
SIGNATURE 12. 1/1LF NAME SIBELL ACORESS CITY - ST- ZIP TITLE NAME STREET ACORESS CITY - ST- ZIF TITLE	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST	ortand Min if symbolishin (NOT D DIRECTORS	E Registered Agent agnature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	kied when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. 1/14 1/14 1/14 1/14 1/14 1/14 1/14 1/1	PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	Trans trie if synficable (NOT D DIRECTORS DELETE	E Registered Agent agnature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOF Crange Change	Addition Addition
SIGNATURE 12. 1/14 NAME SIDELY ACCRESS CITY ST-ZIP TITLE NAME SIREET ADDRESS CITY ST-ZIP TITLE NAME SIREET ADDRESS SIDELY ADDRESS	PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	Trans trie if synficable (NOT D DIRECTORS DELETE	E Registered Agent agenture reques 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	kied when reinstating)	DATE CERS AND DIRECTOF Crange Change	Addition Addition
SIGNATURE 12. 1/14 NAME SIDELY ACCRESS CITY - ST- 2/P TITLE NAME SIRGET ADDRESS CITY - ST- 2/P TITLE NAME SIDELY ADDRESS CITY - ST- 2/P	PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	Trans trie if synficable (NOT D DIRECTORS DELETE	E Registered Agent agnature required. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOF Change	Addition Addition
SIGNATURE 12. 1/14 NAME SIDELY ACCRESS CITY - ST- 7/19 TITLE NAME STREET ACCRESS CITY - ST- 7/19 TITLE NAME STREET ACCRESS CITY - ST- 7/19 TITLE TITLE TITLE NAME STREET ACCRESS CITY - ST- 7/19 TITLE	PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	TI JUD DIE IT SYNICATED (NOT DELETE) DELETE DELETE DELETE	E Registered Agent agenture reques 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	kied when reinstating)	DATE CERS AND DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. 1/LE NAME SIDELY ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME SIDELY ADDRESS CITY - ST- ZIP TITLE NAME	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	TI JUD DIE IT SYNICATED (NOT DELETE) DELETE DELETE DELETE	E Registered Agent eignature reques 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	kied when reinstating)	DATE CERS AND DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. 1-ILE NAME SIBELT ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE 12. 1/14 NAME SIBELT ACCRESS CITY - ST - ZIP TITLE NAME SIBELT ACCRESS CITY - ST - ZIP TITLE NAME SIBELT ACCRESS CITY - ST - ZIP TITLE NAME SIBELT ACCRESS CITY - ST - ZIP TITLE SIBELT ACCRESS CITY - ST - ZIP TITLE	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	TI JUD DIE IT SYNICATED (NOT DELETE) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE	kied when reinstating)	DATE CERS AND DIRECTOR Change Change	Addition Addition Addition
SIGNATURE 12. 17LE NAME SIBELLADDRESS CITY-ST-ZP TITLE NAME STREELADDRESS CITY-ST-ZP TITLE NAME STREELADDRESS CITY-ST-ZP TITLE NAME STREELADDRESS CITY-ST-ZP TITLE NAME STREELADDRESS CITY-ST-ZP TITLE NAME	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE 12. 17LE NAME SIBELLADDRESS CITY-ST-ZP TIFLE NAME SIBELLADDRESS	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE 12. 17LE NAME SIBELT ACCRESS CITY-ST-ZP TIFLE NAME SIBELT ACCRESS CITY-ST-ZP	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. ITH NAME SIBELLADORESS CITY-ST-ZIP TITLE NAME SIRELLADORESS CITY-ST-ZIP TITLE	OFFICERS AND PTS PASQUA, JUDITH A 12210 BISCAYNE BLVD NORTH MIAMI FL VP GUNDERSEN, CLAYTON J 1286 NE 96TH ST MIAMI SHORES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	kied when reinstating)	DATE CERS AND DIRECTOR Change Change Change	Addition Addition Addition Addition

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 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 fileck 12 or Block 13 if changed, or on an atjachment with an address.

SIGNATURE

CHATCHE AND TYPED OR PRINTED NAME OF GROWING PYFICES ON OUREC

Sudit 1. PASQUA 2/1/

2/1/91 (385) 8953895