

**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 # **L65312 (5)**

1. Corporation Name  
**NITRAM PROPERTIES, INC.**



Principal Place of Business: **5501 NW 53RD COURT GAINESVILLE FL 32653 US**  
Mailing Address: **5501 NW 53RD COURT GAINESVILLE FL 32653 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1990</b>	3a. Date of Last Report <b>04/26/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARTIN, SHERMAN E., SR. 5501 NW 53RD COURT GAINESVILLE FL 32653				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, SHERMAN E., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>5923 NW 36TH PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, STEVEN E.</b>	2.2 NAME	
STREET ADDRESS	<b>221 COVINGTON AVENUE, APARTMENT 143</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THOMASVILLE GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, RITA K.</b>	3.2 NAME	
STREET ADDRESS	<b>4821 SOUTH FORRESTVILLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CACO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, SHERMAN, SR.</b>	4.2 NAME	
STREET ADDRESS	<b>5501 N.W. 53RD COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, GLORIA</b>	5.2 NAME	
STREET ADDRESS	<b>5501 N.W. 53RD COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, changed, or on an attachment with an address.

SIGNATURE: *Sherman E. Martin Jr.* Date: **4/26/96** Daytime Phone: **377-6512**

CR2E034 (12/95)