

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SARAH B. MORTMAN
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **M72794** (4)

1. Corporation Name
G. MARTINER ADVERTISING COMMUNICATIONS, INC.

95 MAY -1 AM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office - If Different: **40 NORTH OSPRAY AVE STE D SARASOTA FL 34236**
 Mailing Address: **40 NORTH OSPRAY AVE STE D SARASOTA FL 34236**

3. Date Incorporated or Qualified: **03/14/1988** 3a. Date of Last Report: **04/26/1994**
 4. FFI Number: **65-0040858** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financials: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under 5-119.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
 Suite Apt # etc: **22** Suite Apt # etc: **27**
 City & State: **23** City & State: **28**
 Zip: **24** County: **25** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent
**MARTINER, GARY J.
 5504 SHADY BROOK TRAIL
 SARASOTA FL 34243**

10. Name and Address of New Registered Agent
 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 607.01, 607.02 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as indicated on this report. The change of Florida State 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 responsibilities of registered agent under the Florida Statutes.
 Signature: *Gary J. Martiner* Date: *4/29/95*

12. OFFICE FOR ADDITIONAL COPIES

NAME	D
STREET ADDRESS	MARTINER, GARY J. 5504 SHADY BROOK TRAIL SARASOTA FL
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS CHANGES TO OFFICES AND OTHER COPIES IN 12

11 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY	
15 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY	
19 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY	
23 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the responsibilities of the registered agent as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an affidavit with an address.

SIGNATURE: *Gary J. Martiner* **GARY J. MARTINER** *4/29/95* **815 951-0922**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR