



FILED  
May 01 1998 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div> <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 01 1998 8:00am Secretary of State</div> <div></div>	
<div>DOCUMENT # M93774 (1)</div> <div>1. Corporation Name MARTIN REAL ESTATE, INC.</div>			
<div>Principal Place of Business 4026 ARDARA DRIVE TALLAHASSEE FL 32308 US</div>		<div>Mailing Address P.O. BOX 14011, N/A TALLAHASSEE FL 2A US</div>	
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City &amp; State 23 Zip Country 24 25</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City &amp; State 28 Zip Country 29 30</div>	
<div>3. Date Incorporated or Qualified 08/11/1988</div>		<div>4. FEI Number 59-2906534</div>	
<div>5. Certificate of Status Desired \$8.75 Additional Fee Required</div>		<div>6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees</div>	
<div>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No</div>		<div>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No</div>	
<div>9. Name and Address of Current Registered Agent MARTIN, CAROL 4026 ARDARA DRIVE TALLAHASSEE FL 32308</div>		<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</div>	
<div>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.</div>			
<div>SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</div>			
<div>12. OFFICERS AND DIRECTORS TITLE PSD NAME MARTIN, CAROL STREET ADDRESS 4026 ARDARA DR CITY-ST-ZIP TALLAHASSEE FL DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE</div>		<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>	
<div>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 attachment with an address.</div>			
<div>SIGNATURE: Carol Martin Pres 4/24/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0051196</div>			