COR	NPROFIT PORATION	e	RTMENT OF STATE 3. Mortham		
	IAL REPORT	P.7	ry of State CORPORATIONS		
OCUN	MENT # N317	76 (0)			
Corporation MARTIN INC.	LUTHER KING JR. COM	IMUNITY ADVISORY BO	ARD,		
cipal Place	of Business	Mailing Address			
29 RALEIGH XLLYWOOD		2529 RALEIGH STREET HOLLYWOOD FL 33020			
				3. Date Incorporated or Qualified 04/18/1989	3a. Date of Last Report 02/10/1995
Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0156688	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Stational Fee Required
City & State)	City & State		 Election Campaign Financing Trust Fund Contribution 	Added to Fees
Zip	Country	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	25 9. Name and Address of Curr	29 rent Registered Agent		10. Name and Address of New R	
			81 Name		
	AMELA C.		82 Street Ac	laress (P.O. Box Number is Not Acceptabl	le}
	Leigh Street 1000 FL 33020		83		
			84 City		85 Zip Code
			[•••] •••,		
Pursuant to	to the provisions of Sections 617.05	502 and 617,1508. Florida Statute	s, the above-named corp	poration submits this statement for the pur	pose of changing its registered offic
or registere familiar wit	to the provisions of Sections 617.05 ed agent, or both, in the State of Fi th, and accept the obligations of, S	lorida. Such change was authorize	s, the above-named corp od by the corporation's bo	poration submits this statement for the pur oard of directors. I hereby accept the appo	pose of changing its registered offic intment as registered agent. I am
or registere familiar wit	ed agent, or both, in the State of Fi h, and accept the obligations of, Si Signature, typed or printed name of registered as	lorida. Such change was authorize ection 617.0503, Florida Statutes.	s, the above-named corp of by the corporation's by IE Registered Agent signature req 13.	oard of directors. I hereby accept the appo	DATE
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or registere familiar wit NATURE _	ed agent, or both, in the State of Fi th, and accept the obligations of, Si Signature, typed or printed name of registered & OFFICERS / PD COOPER, CAROL	lorida. Such change was authorize ection 617.0503, Florida Statutes. get and the it as a cable (NOT AND DIRECTORS	It Registered Agent signature required Agent signature signat	uied when reinstating: ADDITIONS 'CHANGES TO OFFI PD	DATE DATE ICERS AND DIFIL CTORS IN 12 Change Addition
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