

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43195 (9)
1. Corporation Name
BUSINESS DEVELOPMENT BOARD OF MARTIN COUNTY, INC



Principal Place of Business
**2400 S FEDERAL HWY.
SUITE 210
STUART FL 34994
US**

Mailing Address
**P.O. BOX 2471
P O BOX 2471
STUART FL 34995
US**

3. Date Incorporated or Qualified
04/23/1991

3a. Date of Last Report
03/28/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 230 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0255366 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NORMAN, KENNETH A. ESQ
2400 S FEDERAL HWY
STE 300
STUART FL 34994**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD	KINANE, TIMOTHY J. 47 E. OCEAN BOULEVARD STUART FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	Essenwine, Barbara P.O. Box 1469 Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VD	POWERS, STEPHEN 555 N.E. OCEAN BOULEVARD STUART FL <input type="checkbox"/> DELETE	1.2 NAME P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS D	WELCH, TOM 900 E. OCEAN BOULEVARD, #232 STUART FL <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP D	SILK, PAT 3405 NW FEDERAL HIGHWAY JENSEN BEACH FL <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	ASTOLFI, TED 2400 S. FEDERAL HIGHWAY, STE. 210 STUART FL <input type="checkbox"/> DELETE	2.1 TITLE Yancey, Pat	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME D	<input type="checkbox"/> DELETE	2.2 NAME Ste 230	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS D	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP D	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D	<input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP D	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D	<input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D	<input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP D	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D	<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP D	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ted Astolfi** **Ted ASTOLFI** **1/16/96** **407-221-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)