

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004178 (7)
1. Corporation Name
MARTIN MEMORIAL SOCIAL SERVICE, INC.



Principal Place of Business 14700 LINCOLN BLVD. MIAMI FL 33176	Mailing Address 14700 LINCOLN BLVD. MIAMI FL 33176-7432
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3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

EWING, PEARCE
14700 LINCOLN BLVD.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWING, PEARCE	1.2 NAME	
STREET ADDRESS	14700 LINCOLN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, ROBERT	2.2 NAME	
STREET ADDRESS	15040 MONROE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, BOBBY	3.2 NAME	DS
STREET ADDRESS	11105 SW 161 TERRACE	3.3 STREET ADDRESS	Albury, Juonita
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	14920 Louis Street
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEY, CLIFFORD	4.2 NAME	
STREET ADDRESS	15920 SW 102 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ARLANDER	5.2 NAME	
STREET ADDRESS	8813 SW 113 PLACE CIRCLE WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEL, KENNETH	6.2 NAME	
STREET ADDRESS	11701 SW 208 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	6.4 CITY-ST-ZIP	

Handwritten notes in Block 13:
 DS
 Albury, Juonita
 14920 Louis Street
 Miami, FL 33176
 100002087520
 -02/14/97--01015--008
 ***70.00
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 tj 2/13

14. I do 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 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)