CORPORATION ANNUAL REPORT 1995		FLORIDA DEPART Sandra B Secretari	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUM	ENT # P2315							
1. Corporation Name						100001	940404	
					100001840431 -05/28/9601025021			
Martin Brothers International, Inc. Principal Place of Business Mailing Address						***200.00	OTOLO OCI	
Principal Plac	e of Business	Mailing Address		 -	1			
j								
250 Harbor Drive D.O. Dom 40400						DO NOT WRITE IN THIS SPACE		
250 Harbor Drive, P.O. Box 10128 Stamford, CT 06904					3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Place of Business 2a. Mailing Address						7/89 Number	5/1/95	
21 459 East 16th St 25 20 Mbox					4. 12		Applied For	
Suite Apt.	#, etc.	Suite, Apt. #, etc.		 `	13-123;			
City & Stat		27 1st Floor		5 . Cer	tificate of Status Desired	\$8.75 Additional		
· ·	nville, Fl.	City & State			6. Elec	tion Campaign Financing	Fee Required \$5.00 May Be	
Zip	Country	28 Darien, CT			Trust Fund Contribution Added		Added to Fees	
24 32203	25 USA	├ ─, '	Count 30 US?	•	8. This	corporation has liability for	rintangible tax under S. 199.032,	
9. N	ame and Address of Current	Registered Agent	30 1093	.	<u> Flor</u>	ida Statutes X	Yes No	
	·		81	Name	JU. NA	me and Address of New R	egistered Agent	
			_					
				Street Address (P.O. Box Number is Not Acceptable)				
CT Corporation System				ļ				
1200 S. Pine Island Road								
			84	City				
Plantation, FL 33324				,	FL 85 Zip Code			
or registered	ne provisions of Sections 607.0502 agent, or both, in the State of Florids and accept the obligations of, Sect	and 607.1508, Florida States. Such change was authorized	tutes, the e	bove-named co	rporation	submits this statement for the pu	rpose of changing its registered office	
SIGNATURE:	and accept the obligations of, Sect	ion 607.0505, Florida Statut	es.	orborations po	ard of dire	ctors. Thereby accept the appoint	ment as registered agent lam	
	igneture, typed or printed name o	of registered agent and title	if applicable	/NOTE:	Danisa			
12.		ND DIRECTORS				d Agent signature required who		
TITLE NAME	CEO			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
STREET ADDRESS	Timothy Mann			12 NAME 13 STREET			Change Addition	
CITY -ST - ZIP TITLE	459 E. 16th St., President	<u>Jacksonville,</u>	<u>FL</u>	14 CITY - ST				
NAME STREET ANDRESS	Richard T. Edward	da		21 TITLE 22 NAME			Change Addition	
CITY - ST - ZIP	459 E. 16th St.	us Jacksonvillo :	ਇਸ	23 STREET			C Negitabil	
TITLE AME	secretary		<u>E D</u>	24 CITY - ST 31 TITLE	- ZIP	Compten		
STREET ADDRESS	Robert M. Stephan	n		32 NAME		Secretary Karl Ziegler	X Change Addition	
CITY - ST - ZIP	250 Harbor Dr.	Stamford, CT		33 STREET , 34 CITY - ST		20 Thorndal Circ	Tle Darion om	
IAME	Vice-President Robert A. Britton	•		41 TITLE 42 NAME				
TREET ADDRESS	20 Thorndal Circ	u le Darion dm		43 STREET A			Change Addition	
TTLE IAME	<u> </u>	LOS DALTEIL, CT		44 CITY -ST	- ZIP			
TREET ADDRESS				52 NAME		*	Change Addition	
ITY -ST - ZIP				53 STREET A 54 CITY - ST	UUHESS - ZIP	5/1	146	
AME			_	61 TITLE 62 NAME		<u> </u>	Change	
TREET ADDRESS	_			63 STREET A	DDRESS		Change Addition	
 I do hereby cert certify that the 	ify that the information supplied w	rith this filing is voluntarily fu	rnished ar	64 CITY - ST	ZIP	BXemption eternal in Danie	9.07(3)(k), Florida Statutes. I further	
oath, that I am a	an officer or prector of the corporal (12 or Block 13 i Changed, o on	or report or supplemental and tion for the receiver or truste	nual repor a empower	t is true and acc	urate and	that my signature shall have the	9.07(3)(k), Florida Statutes I further same legal effect as if made under	
SIGNATU	// // // // // // // // // // // // //	nent with an addre	ss /	1	a report	as required by Chapter 607, Flo	rida Statutes, and that my name	
- I WITH I U		PED OR PRINTED NAME OF	bect-	11.)-	52.V	ON 05/01/96	203-655-9035	
		SI THRITTO NAME O	r SIGNING	OFFICER OR	DIRECTOR	Date	Daytime Phone #	