

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:35

DOCUMENT # P93000007995 (2)

1. Corporation Name

MARTINIQUE II REALTY, INC.

2655 No. Ocean Blvd. Box 3 Singer Island, FL 33404

Principal Place of Business

Mailing Address

2655 N. OCEAN DRIVE, BOX #3
SINGER ISLAND FL 33404

4000 N. OCEAN DRIVE, APT. 2501
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/27/1993** 3a. Date of Last Report **10/10/1994**

4. FEI Number **65-0393358** Applied For Not Applicable

5. Certificate of Status Desired **\$9.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**GREAR, IRVING
4000 N OCEAN DR
SINGER ISLAND FL 33404**

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 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.

SIGNATURE

Irving Gear **IRVING GREAR**

4/4/95

Signature of officer or director of corporation and fee if applicable (NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | D |
| NAME | GREAR, ROSELYN |
| STREET ADDRESS | 4000 N OCEAN DR |
| CITY - ST - ZIP | SINGER ISLAND FL 33404 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Irving Gear* **IRVING GREAR**

4/4/95

Roselyn Gear **ROSELYN GREAR**

407-848-2381