Mar 18 1998 8:00am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra D La State Secretary of State

DIVISION OF CORPORATIONS 1998

DOCUMENT # P 93 000007 995(2)

MARTINIQUE II REALTY, INC.

Principal Place of Business

	SINGER ISLAND, FL 33404					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2.	ncipal Place of Business 2a. Mailing Address					4. FEI Number 65 0 3 5 3 3 5 8	Applied For	
21						65 0 > 1 7 7 8 6	Not Applicable	
22	Suite, Apt #, etc	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	y & State City & Stale 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Country 25	7τρ Country 29 30			. .	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
GREAR IRVING				81	Name			
	HOOR WARTH DEFAN DRIVE				32 Street Address (P.O. Box Number is Not Acceptable)			
GREAR, IRVING 4000 WORTH. OCEAN DRIVE APT. 2501 E.T.				83	83			
	SINGER ISLAM	VO, FL.	3340 <i>4</i>	84	City	F	85 Zip Code	
11. Pursuant to the previsions 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 Signature type of a period care. Of each first appeal and the charge an								
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	

IRVING GREAR-PRES. BRAKER 1 1 TITLE Change Addition STREET ADDRESS 1.3 STREET ADDRESS ROSELYN GREAR - DIRECTOR CITY - ST- ZIP 1.4 CHY - ST - ZIP 4000 NO. OCEAN DRIVE 2 1 T:TLF Change ☐ Addition TOLE 2.2 NAME NAME SINGOR ISLAN, FL, 33404 2.3 STREET ADDRESS STREET ADDRESS DiTY - S1 - ZIP 2 4 CITY - \$1 - ZIP DELFTE TITLE 3.1 TITLE Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 COY-S1-ZIP CiTY - ST - ZiP DELETE 4 1 TITLE Change ■ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 5 1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 City - St - ZiP 0000024617**4**0.. DELETE TITLE 6.1 MHE -03/19/98--01020--025 NAME 6.2 NAMÉ ***150.00 STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption state in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplier certify 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapted or on an attach year with an address.

6.4 CITY - ST- ZIP

SIGNATURE:

561-8482381