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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015548 (9)

E.J. MARTIN ENTERPRISES, INC.

| Principal Place of Business Mailing Address 5050 34TH STREET NORTH 5050 34TH STREET NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 337142431 | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|------------------------|----------------|--------------|---------------------------------------------------------|--------------------------------------------------------------------------------|------------------|-------------------|-----------------------------|
| | | | | | | | | 3. Date Incorporated or Qualified 02/22/1993 | | | |
| 2. Principal P | lace of Business | 2a. Mailing A | Mailing Address | | | | 4. FEI Number | | | pplied For | |
| 21 | | 26 | | | | | | 59-3210420 | | | ot Applicable |
| Suite, Apt | #, etc | 27 | | | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & Stat | € | City & Sta | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| Ζφ 24 | Country 25 | Zip | 7.11 | 30 Cou | intry | | | 8. This corporation has liability of Florida Statutes | Mangible Yes | | 3. 199.032, |
| [24] | 9. Name and Address of Cure | | | 30] | T | | | 10. Name and Address of New A | | | |
| MARTIN, ERNEST J | | | | | | Name | | | 1 | | |
| 5050 34TH STREET NORTH ST. PETERSBURG FL 33714 | | | | | 82 | Street | Addre | ress (P.O. Box Number is Not Acceptable) | | | |
| 31.1 | reieropunu fl 33/14 | | | | 83 | | | | | | |
| | | | | | 84 | City | | | | 85 Zip | Code |
| | | | | | | | | | FL | | |
| L office or r | registered agent, or both, in the Sta am familiar with, and accept the ob | ate of Florida. Such o digations of, Section 6 | change was a 607.0505, Flo | authorize orida Sta | id by tutes | the coi | rporatio | ration submits this statement for the n's board of directors. I hereby acce | pt the app | ointment as | ts registered registered |
| 40 | Signature 1/ped or printed name of registered | agent and little if applicable AND DIRECTORS | (NOTE | E: Registere | d Age | ent signatur | e required | d when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CEOC AND | DIDECTO | DC IAL 10 |
| 12. | PSTD | | DELETE | 11 1 | TL F | | T | ADDITIONS/CHANGES TO OFFI | CENS AND | Change | Addition |
| NAME | MARTIN, ERNEST J | _ | | 1.2 N | | | Ì | | | | |
| STREET ADDRESS | 5050 34TH STREET NORTH | | | 1.3 \$ | TREET | ADDRESS | | | | | |
| C(TY - S1 - 2)P | ST. PETERSBURG FL 33714 | | | 1.4 C | ITY-\$ | T-ZIP | | | | | |
| TITLE | | | DELETE | 2.1 TI | TLE | | | | | Change | Addition |
| NAME | | | | 2.2 N | | | | | | | |
| STHEFT ADDRESS | | | | 1 | | ADDRESS | | | | | |
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| NAME | | B + | | 3.2 N | | | | | | | |
| STREET ADDRESS | | | | 335 | TREET | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | 3.4. (| ity-s | ST-ZIP | <u> </u> | | ···· | | |
| THILF | | L | _] DELETE | 4.1 TI | | | 1 | | | L_ Change | Addition |
| NAME | | | | 4.21 | | | | | | | |
| STREET AODRESS | | | | - 1 | | ADDRESS | 1 | | | | ļ |
| CITY-ST-ZIP | | | DELETE | 4.4 C | ITY-S ITLF | 1-21P | + | | , | Change | Addition |
| NAME | | L | | 5.2 N | | | | | | - manage | |
| STREET ADDRESS | | | | 1 | | ADDRESS |] | | | | |
| CHY-ST-ZIP | | | | | ITY-5 | | ŀ | | | | |
| TITLE | | L | DELETE | 6.1 T | | | 1 | | | Change | Addition |
| NAME | | | | 6.2 N | AME | | 1 | | | | į |
| STREET ADDRESS | 1 | | | 635 | TREFT | ADDRESS | 1 | | | | ļ |

SIGNATURE:

14. I do hereby certify that the information supplied information indicated on this annual report of surface and an officer or director of the corporation of appears in Block 12 or Block 13 if change d. a.

CITY-ST-ZIP

PROURE

4/14/97

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #

FILED

Apr 21 1997 8:00am

Secretary of State