FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000028159 (0) DOCUMENT # 1. Corporation Name

MARTIN H, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
-		-				
7301-A WEST PALMETTO PK RD #305C 4500 ROCKSIDE RD. #440 BOCA RATON FL 33433 INDEPENDENCE OH 44131						
COOM INTON	E 90100	HADEL CHAPEL	OF OH HAIR			DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
						04/16/1993
2. Principal Plac	ce of Business	2a. Mailing Ac	dress			4. FEI Number Applied For
21		26				65-0410326 Not Applicable
Sulte, Apt. #,	etc.		Swite, Apt. #, etc.			S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & Stat	8	•		6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ζip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 📝 No
	9. Name and Address of Curr	ent Registered Agen	it			10. Name and Address of New Registered Agent
GOT	TSEGEN, STANLEY D			61	Name	
	GLADES RD.			100	<u> </u>	
	E 411-E			82	Street	t Address (P.O. Box Number is Not Acceptable)
	A RATON FL 33431			83		
				84	City	FL 85 Zip Code
44 Durouant to	the provisions of Spetions 607.00	.02 and 607 1509 El	rido Ctotutos th	2 2 2 2 2 2		d corporation submits this statement for the purpose of changing its registered
office or reg	pistered agent, or both, in the Sta	te of Florida. Such ch	ange was author	ized by	the cor	rporation's board of directors. I hereby accept the appointment as registered
agent. I am	familiar with, and accept the obli	galions of, Section 60)7. 0 505, Florida :	Statutes	3 .	
SIGNATURE _	gnature, typed or proted name of registered a		0.516 6	TO 055		
12.		ND DIRECTORS		inied Age	ent signaturi	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Committee of the commit		.1 TITLE		Change Addition
NAME	ELRAD, MARTIN H	_		.2 NAME		Onlings Notified
l l	6937 LAKES ESTATES COU	IRT			4000000	
STREET ADDRESS	BOCA RATON FL 33498	411			ADDRESS	
CITY-ST-ZIP TITLE				4 CITY - S	1 - ZIP	Asst. Secretary Change PAddition
l l			•	.1 TITLE		Asst. Secretary Change Haddison James R. Herchek 1320 Hanna Bilg. C/O LIPSON, INC. CLEVELAND, OH 44115
NAME				.2 NAME		James K. Herehek
STREET ADDRESS			. 2	.3 STREET	ADDRESS	1320 Hanna 1318g. 20 211 000, -10,
CITY-ST-ZIP		····		. 4 CITY-S	ST - ZIP	CLEVELAND, OH 44113
TITLE		LJ		.1 TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS			3	3 STREET	ADDRESS	
CITY-ST-ZIP				4. CITY - S	T - ZIP	
TITLE		LJ	DELETE 4	1 TITLE		☐ Change ☐ Addition
NAME			4	. 2 NAME		
STREET ADDRESS			4	3 STREET	ADDRESS	
CITY-ST-ZIP				4 CITY - S	T- Z IP	
TITLE			DELETE 5	1 TITLE		Change Addition
NAME			5	.2 NAME		
STREET ADDRESS			5	3 STREET	ADDRESS	
CITY-ST-ZIP				4 City-S		
TITLE				1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS				3 STREET	PPARIODA	
CITY-ST-ZIP				4 CITY-S		
	tity that the information supplied	with this filing does n				ed 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.