

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000036373(7)

1. Corporation Name

Tom MARTIN CORP

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

5/17/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0020799

Applied For

Not Applicable

2. Principal Place of Business

21 5120 SW 114 WXY

Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE, FL

Zip

24 33330

Country

25 BROWARD

2a. Mailing Address

26 5120 SW 114 WXY

Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE, FL

Zip

29 33330

Country

30 BROWARD

5. Certificate of Status Desired

☐

\$8.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

THOMAS F. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)

5120 SW 114 WXY

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33330

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

THOMAS F. MARTIN, PRESIDENT

4/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP

STREET ADDRESS MARTIN, THOMAS F

CITY-ST-ZIP 5120 SW 114 WXY

FT LAUDERDALE, FL 33330

TITLE ☐ DELETE

NAME DST

STREET ADDRESS MARTIN, BETTRICE J

CITY-ST-ZIP 5120 SW 114 WXY

FT LAUDERDALE, FL 33330

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

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)(k), 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.

SIGNATURE:

THOMAS F. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

DATE

305-680-6666

DAYTIME PHONE

CR2E034 (12/95)