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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000043569
 1. Corporation Name
NAMARTIN CORPORATION

Principal Place of Business: **153 No. State Rd. 7, Margate, FL 33063**
 Mailing Address: **4433 Poinciana Street, Lauderdale By The Sea, FL 33308**

2. Principal Place of Business: **1330 N.E. 26th Ave., Apt. 5, Ft. Lauderdale, FL 33304**
 2a. Mailing Address: **1330 N.E. 26th Ave., Apt. 5, Ft. Lauderdale, FL 33304**
 23. City & State: **Ft. Lauderdale, FL**
 24. Zip: **33304**, 25. Country: **U.S.A.**

3. Date Incorporated or Qualified: **06/15/93**, 3a. Date of Last Report: **04/18/96**
 4. FEI Number: **65-0420270**
 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:
MARTIN, JULIE
1330 N.E. 26th Avenue
Apt. 5
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent:
 81 Name: **Same**
 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: *Julie E. Martin* **Julie E. Martin** **04/30/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MARTIN, JULIE
STREET ADDRESS	1330 N.E. 26th Avenue, Apt. 5
CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JOHN
STREET ADDRESS	4433 Poinciana Street
CITY-ST-ZIP	Lauderdale By The Sea, FL 33308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PV <input checked="" 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	DELETE - JOHN ALLEN
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	500002184595
6.4 CITY-ST-ZIP	-05/20/97--01020--029

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie E. Martin* **Julie E. Martin** **04/30/97** **(954) 568-1390**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)