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 # **P93000086162 (3)**

1. Corporation Name

MARTHA'S HEADHUNTERS INC.

Principal Place of Business	Mailing Address
11400 OVERSEAS HIGHWAY SUITE 103 TOWN SQUARE MALL MARATHON FL 33050	11400 OVERSEAS HIGHWAY SUITE 103 TOWN SQUARE MALL MARATHON FL 33050

FUTURE ADDRESS FOR NEXT YEAR 1997

2. Principal Place of Business		2a. Mailing Address	
21	5177 OVERSEAS Highway	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	MM 50	27	
City & State		City & State	
23	MARATHON, Fla. B	28	
Zip	Country	Zip	Country
24	33050	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/13/1993	03/09/1995
4. FEI Number	☐ Applied For ☐ Not Applicable
65-0479883	
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
DIEHL, MARTHA R 110 ALLYANN PLACE MARATHON FL 33050	81 Name 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DIEHL, MARTHA R		12 NAME	
STREET ADDRESS	110 ALLYANN PLACE		13 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DIEHL, HELMUT M		22 NAME	
STREET ADDRESS	110 ALLYANN PLACE		23 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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: Martha Diehl 3-17-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #