

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0088003

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 19 AM 9:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P93000088597 (8)
 1. Corporation Name
LUIS E. MARTINEZ, P.A.

Principal Place of Business: **5520 - 9TH STREET NORTH ST. PETERSBURG FL 33703**
 Mailing Address: **5520 - 9TH STREET NORTH ST. PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

3. Date Incorporated or Qualified: **12/28/1993**

4. FEI Number: **59-3213457** Applied For: Not Applicable:

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MARTINEZ, LUIS E
5520 9TH ST N
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, LUIS E | |
| STREET ADDRESS | 5520 - 9TH STREET NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 500002621895-4 |
| 1.4 CITY-ST-ZIP | -08/20/98--01084-019 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | ****150.00 ****150.00 |
| 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 | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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.

SIGNATURE: *[Signature]* **7-6-98 727-525-1224**

CR2E034 (5/98)

Luis E. Martinez, D.M.D.
5520 - 9th Street North
St. Petersburg, Florida 33703

Tyrone Scott
Florida Department of State
Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32314-6327

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Dear Mr. Scott:

Enclosed you will find the correspondence between your office and me. As I explained to you on the phone, I had originally sent my application as soon as I received it back in January and it was obviously not received by your office. I did not learn of this until I received the new application. I called your office and the lady I spoke to said to go ahead and send the \$150.00 along with my application. It was returned a week later requesting the full \$400.00. I called again and was told to go ahead and mail it back. Now it is back to me again. When I spoke to you, I was told to send it back to you with another letter of explanation. I hope you will accept this as the explanation. I thank you in advance.

Sincerely,



Luis E. Martinez D.M.D.