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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000006451 (6)

MARTIN VENTURES, INC.

Principal Place of Business

Mailing Address

OO C W. OTH AVE

## **FILED** Apr 29 1997 8:00am Secretary of State



BOCA RATON FL 33486			BOCA RATON FL 33486-4578						
						3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last 06/28/1996		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
21		26	26			65-0508948	<del></del>	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee F	Required	
City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be			
23	Po		28			Trust Fund Contribution Added to			
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25   29   30   9, Name and Address of Current Registered Agent			0		Florida Statutes			
1145		ent Registered Ager	11	81	Namo	10, Name and Address of New Reg	Istered Agent		
MARTIN, REX C 99 S.W. 9TH AVE					INGITIC			İ	
	S.W. BITT AVE. CA RATON FL 33486			82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)		
800	A NATUN FL 33466			83					
				03					
				84	City		FL 85 Zip	o Code	
11. Pursuant	to the provisions of Spections 607.05	02 and 607 1508. FI	orida Statutos	the above	n-named co	rooration submits this statement for the or		ito registered	
office or r	egistered agent, or both, in the Sta	te of Florida, Such of	ange was aul	norized by	the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	the appointment a	is registered	
	m familiar with, and accept the obli	gations of, Section 6	07.0505, Florid	na Statute:	5.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title it applicable	(NO1E - B	Registered Apr	ont signal are total	uired when refostating)	DATE		
12.		ND DIRECTORS		13.	and originates to rece	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	PVST DELETE		1.1 TOLE			Change			
NAME			1.2 NAME						
STREET ADDRESS	99 S.W. 9TH AVE.			1.3 STREET	ADDRESS			{	
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY - 9	IT-ZIP				
TITLE				2.1 TITLE			☐ Change	Addition C	
NAME				2.2 NAME				1	
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-1	ST- 21P			1	
TITLE			DELETE	3.1 TITLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3 4. CITY-	S1 - 7/P				
TITLE		L	DELETE	4 1 THLE			☐ Change	Addition	
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		4.4 City - S	1 - ZIF				
TITLE			DELETE	5.1 1IILE			Change	☐ Addition	
NAME				5.2 NAME				Ì	
STREET ADDRESS				5.3 STREET	AUDRESS				
CITY-ST-ZIP				5.4 CHY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE			Change	☐ Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S	T- 7/F				

14. I do 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