

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P 94000007619

1. Corporation Name
MARTIN ANDER INC

Principal Place of Business: 23257 STATE ROAD 7 SUITE 122 BOCA RATON FL 33428
Mailing Address: 23257 STATE ROAD 7 SUITE 122 BOCA RATON FL 33428

3. Date incorporated or Qualified: Feb 1 1994
3a. Date of Last Report: April 1995

2. Principal Place of Business: 23257 STATE ROAD 7
2a. Mailing Address: 23257 STATE ROAD 7

4. FEI Number: 65-0464406
Applied For: Not Applicable

22. Suite, Apt. #, etc: 122
27. Suite, Apt. #, etc: 122

5. Certificate of Status Desired: N/A
\$8.75 Additional Fee Required

23. City & State: BOCA RATON FL
28. City & State: BOCA RATON FL

6. Election Campaign Financing Trust Fund: N/A
\$5.00 May Be Added to Fees

24. Zip: 33428
25. Country: PALM BEACH
29. Zip: 33428
30. Country: PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN ANDER
23257 STATE ROAD 7 SUITE 122
BOCA RATON FL 33428

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Martin Ande MARTIN ANDER
Date: April 13/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARTIN ANDER	
STREET ADDRESS	23257 STATE ROAD 7 SUITE 122	
CITY - ST - ZIP	BOCA RATON FL 33428	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARTIN ANDER	
13 STREET ADDRESS	23257 STATE ROAD 7 SUITE 122	
14 CITY - ST - ZIP	BOCA RATON FL 33428	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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-04/08/96--01002--012 Change
***200.00

4-5-96

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: Martin Ande MARTIN ANDER PRESIDENT April 13/96 (407) 995-8667

CR2E034 (12/95)