

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

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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94 000007619  
1. Corporation Name

MARTIN ANDER INC

Principal Place of Business Mailing Address  
6070 NORTH FEDERAL HIGHWAY SUITE 117 BOCA RATON FL 33487  
6070 NORTH FEDERAL HIGHWAY SUITE 117 BOCA RATON FL 33487

3. Date Incorporated or Qualified 2/1/94 3a. Date of Last Report 4/5/96  
4. FEI Number 65-0464406 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  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 6070 NORTH FEDERAL HIGHWAY 26 6070 NORTH FEDERAL HIGHWAY  
22 117 27 117  
23 BOCA RATON FL 28 BOCA RATON FL  
24 33487 25 PALM BEACH 29 33487 30 PALM BEACH

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
81 Name MARTIN ANDER  
82 Street Address (P.O. Box Number is Not Acceptable) 6070 NORTH FEDERAL HIGHWAY SUITE 117  
83  
84 City BOCA RATON FL 85 Zip Code 33487

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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Martin Ande* MARTIN ANDER PRESIDENT April 2 1997  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE P	1.2 NAME MARTIN ANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1.2 NAME	1.3 STREET ADDRESS 6070 NORTH FEDERAL HIGHWAY SUITE 117	
1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP BOCA RATON FL 33487	
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.5 NAME	2.2 NAME	2.3 STREET ADDRESS	
1.6 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
1.7 CITY-ST-ZIP	2.4 CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.8 TITLE <input type="checkbox"/> DELETE	3.2 NAME	3.2 NAME	
1.9 NAME	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
1.10 STREET ADDRESS	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
1.11 CITY-ST-ZIP	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.12 TITLE <input type="checkbox"/> DELETE	4.2 NAME	4.2 NAME	
1.13 NAME	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
1.14 STREET ADDRESS	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
1.15 CITY-ST-ZIP	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.16 TITLE <input type="checkbox"/> DELETE	5.2 NAME	5.2 NAME	
1.17 NAME	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
1.18 STREET ADDRESS	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
1.19 CITY-ST-ZIP	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.20 TITLE <input type="checkbox"/> DELETE	6.2 NAME	6.2 NAME	
1.21 NAME	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
1.22 STREET ADDRESS	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	
1.23 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 contained 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 2 1997 (561) 995-8667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)