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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400013514 (2)

Corpor	ation Name			

J.D. MA	ARTIN ENTERPRISES INC) .							
Principal Place of Business 1704 17TH LN LAKE WORTH FL 33463		Mailing Address 1704 17TH LN LAKE WORTH FL 3344 US	1704 17TH LN LAKE WORTH FL 33463		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
US		00				3. Date incorporated or Qualified 02/15/1994		e of Last Ro 3/13/199	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0471201			Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zφ	Country	Zip		untry		B. This corporation has liability for Florida Statutes Yes		ax under s	199.032,
24	9. Name and Address of Cur	rent Registered Agent	30	ī—		10. Name and Address of New R		Agent	
	5. Haine and Address of Out	ton negationa rigoni		81	Name				
MARTIN,	JERRY D			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
1704 17	TH LN			83					
LAKE W	ORTH FL 33463							11 -	- 0- 1-
				84	City		FL	_ 85 Z ₁	p Code
or register	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	llorida. Such change was authori	zed by the	ove-r corp	named corpora oration's boar	ation submits this statement for the pul d of directors. I hereby accept the app	pose of chointment a	ianging its i s registered	registered office d agent. I am
SIGNATURE .		And the Early State of the Control o	OTC. Post ton	d A 200	nt signature required	Number constatuts	DATE		
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	13.		it signature required	ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1	1 TLE				Change	Addition
NAME	MARTIN, JERRY D		1.2 N	IAME	ļ				
STREET ADDRESS	1704 17TH LN		1.3 5	STREET	ADDRESS				
CITY - S1 - ZIP	LAKE WORTH FL				ST-ZIP			Change	C) Addition
TILE		☐ DEFELE		TITLE				☐ Change	Addition Addition
NAME	· ·			AME					
STREET ADDRESS			1		ADORESS				
C-TY-ST-ZiP		DELETE		DITLE	ST-ZIP			Change	☐ Addition
311LE				MAME					
NAME STREET ADDRESS			1		T ADDRESS !				
CITY - ST-ZIP					ST - ZIP				
lifut		☐ DELETE		TITLE				Change	☐ Addition
NAME			421	NAME					
STREET ADDRESS			4.3 \$	STREE	ADDRESS				
CITY-ST-ZIP			4.4 (COLY-	ST-ZIP				
TITLE		☐ DELETE	5. 1	TITLE				Change	Addition
NAME			•	NAME					
STREET ADDRESS	1				I ADDRESS				
CITY-ST-ZIP		FT DELETE			ST-ZIP			Change	Addition
TITLE		☐ DELETE		TITLE				C) change	
NAME				NAME					
STREET ADDRESS					T ADDRESS				
14. I do hereb	Loy certify that the information suppl	lied with this filing is voluntarily fu	rnished and	d doe	st-ziP es not qualify f	for the exemption stated in Section 119).07(3)(k), F	Iorida Statu	ites. 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 it made under earth; 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 13 of changed or on an attachment with an address.

SIGNATURE

JERRY D. Martin 4/20/96 (402) 966-8735