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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

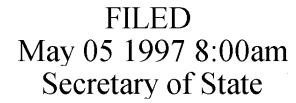
## 1997

DOCUMENT # P95000010410 (5)

MARTIN DANIEL CORP.

Principal	Piace	of	Business	
	_			

Mailing Address





711 S. MILLS AVE. 711 S. MILLS AVE. ORLANDO FL 32801 4211									
		,			3. Date Incorporated or Qualified 02/06/1995	3a. Date o		eport	
2. Principal Pl	lace of Business	2a. Mailing Address	- 1		4. FEI Number	······································		plied For	ĺ
21 14 #	amlin T. Lane	26 114 Haurin	صا. ا	rue	59-3291224		No	t Applicable	1
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\$</b>	8.75 / Fee Re	Additional equired	
City, & State	nonte Springs.	28 At Quant	) Pri	i35.12	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	May Be to Fees	
24 FL, 32	714 25 Holida	1e Zip 29 32714 30	Count Sec	umole	,	Yes 🗍 N	o	. 199.032,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent				
ARN	AUD, MARTIN		8	1 Name					l
711 S. MILLS AVE. ORLANDO FL 32801			8	2 Street Addr	idress (P.O. Box Number is Not Acceptable)				
ONL	71100 1 E 02001		8	3					
			8			FL		Code	
11. Pursuant office or r agent La	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obtigati	and 607:1508, Florida Statutes, f Florida. Such change was auti ons of, Section 607.0505, Florid	the abo horized t da Statut	ve-named corp by the corporal es.	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of cha t the appoint	inging it ment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legisteres A	gent signature require	red when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.	:	ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	IS IN 12	ĺ
TATLE	PSTD	☐ DELETE	1.1 T//LE				Change	Addition	Q/Q/
NAME	arnaud, Martin		1.2 NAMI	:					7
STREET ADDRESS	711 S. MILLS AVE.		1.3 STRE	et address					Ì
City+St+7iP	ORLANDO FL 32801		1.4 CEY	-ST-ZIP					Š
107116		☐ DELETE	2.1 T/f LE				Change	Addition	C
NAME			2.2 NAMI	£					l
STREET ADDRESS			2.3 STHE	et address					l
CrtY+S1+ZIP			2. 4 DITY	-ST-ZIP					
71115		☐ DELETE	3.1 TITLE	•	**		Change	Addition	
NAME			3.2 NAMI	Ε					
STREET ADDRESS			3.3 STHE	ET ADDRESS					1
C/TY - ST - ZIP			3.4. CITY	-ST-ZIP					
TITLE		DELETE	4.1 Titl.E				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 SYNE	et address				•	
CHY-ST-ZIP			4.4 CITY	-ST-ZIP					ļ
TITLE		☐ DELETE	5.1 Tri . E				Change	Addition	
NAMÉ			5.2 NAMI	.					
STREET ADDRESS			5.3 STHE	et address					
CFTY - ST - ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME:			6.2 NAMI		•				
STREET ADDRESS			6.3 SYNF	ET ADDRESS					
C-TY - S1 - ZIP			6.4 CITY	ļ				I	
	by certify that the information supplied	with this filing does not qualify f			in Section 119,07(3)(i), Florida Statutes	. I further cei	tify that	the	1

information indicated on this annual report or supplemental annual report is true and accourate 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 offanged, or on an attachment with an address.

SIGNATURE:

THE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/28/97

983-2874

Daytime Phone >