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 #

P95000023648 (5)

 Corporation Name MARTELLI & O'BRIEN, INC.



Principal Place of Business 3601 N DIXIE HIGHWAY POMPANO BEACH FL 33064		Maiting Address	Mailing Address 3601 N DIXIE HIGHWAY POMPANO BEACH FL 33064					
					 Date incorporated or Qualified 03/22/1995 	d 3a. Dal	te of Last Re	eport
2. Principal Pla	ace of Business	2a, Maring Address			4. FEI Number	1011.		Applied For
21		26			45-0568	990		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State			6. Election Campaign Financing		\$5.0	0 May Be
23	-	28			Trust Fund Contribution			d to Fees
Zip	Country	Ζφ	Country		8. This corporation has liability f		tax under s	199.032,
24	25	29	30	L		∕es ∏No	<u> </u>	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Nev	/ Hegistered	1 Agent	
			81 1	lame				
MARTI	ELLI, HANK		82 S	treet Address	(P.O. Box Number is Not Accep	table)		
	N DIXIE HIGHWAY							
	ANO BEACH FL 33064		83					
			84	Dity			85 Zi	ıp Code
	to the provisions of Sections 607.050			•		F		
SIGNATURE 12.	Squarze special protection of registers age. OFFICERS AN	Tara tre taj prise p ND DIRECTORS	fulffe Bege fersel Ages Los	gratire regrissivi	ADDITIONS/CHANGES TO C	DATE DEFICERS AN		
TITLE	D	DELETE	1 1 TITLE				Change	Addit on
NAME	MARTELLI, HANK		1.2 NAME					
STREET ADDRESS	7050 S.W. 8 STREET		1.3 STREET AD	DRESS				
CHY-ST-ZIP	PLANTATION FL 33317		14 Cily - S* - 2	7:P			Change	Addition
TITLE	D	Dereie	2 1 1171.6				change	☐ Modified
NAME	O'BRIEN, RICHARD P		2.2 NAME					
STREET ADDRESS	921 S.W. 75 AVENUE		2 3 STREET AD					
CHTY-ST-ZIP	PLANTATION FL 33317	T or str	2.4 CiTY - \$1 - 1	ZIF'			☐ Change	Addition
THLE		☐ DELETE	3 1 TITLE 32 NAME					
NAME			33 STHEFF A	nnos es				
STREET ADDRESS			34 C(TY - SI -					
CITY - ST - ZIP		□ DELETE	4 1 101LE				Change	Addition
NAME	İ	<u></u>	4.2 NAME					
STREET ADDRESS			43 STHEE! AL	JORESS				
CITY-SI-ZIP			4 4 CiTY - ST -	ZIF				
THILF		Dêle 1£	5 I TILLE				Change	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS	,		53 STREET AG	DORESS				
CITY-ST-ZIP			54 CITY ST-	ZIP				
TITLE		☐ DELETE	6 1 TUTLE				Change	e 🗌 Addition
NAME			6.2 NAME	ļ				
STREET ADDRESS	s		6.3 STREET A	DORESS				

64.01Y-ST-ZIP

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 13 if changed, or on an attachment with an address.

CR2E034 (12/95)