Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90093 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023648

1. Corporation Name

MARTELLI & O'BRIEN, INC.											 	HARE HILL S) (18 46 (186 1	
Pr	Principal Place of Business Mailing Address										- 4 100)1001 ISO 10101 BEILS BOILS OBERL 40115 BOILS			II IDII IBDI	
3601 N DIXIE HIGHWAY 3601 N DIXIE HIGHWAY															
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064															
											DO NOT WRITE IN THIS SPACE				
											3. Date Incorporated or Qualifed 03/22/1995				
2.	<u> </u>				2a, Mailing Address						4, FEI Number		Applied For		
21					26						65-0568940			pplicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired 5. Serviced 5. Service				
22 ~					27					-	ree Required				
ì	City & State	City & State			City & State						6. Election Campaign Financing \$5.00 May Be				
23					Zip Country					Trust Fund Contribution Added to Fees					
ļ,	Zip	í	Country		_	Zip		ıntry			8. This corporation owes the current year Int	angible ∐Yes		No	
24			25		29	tourd Amous	30	-			Personal Property Tax. 10 Name and Address of New Registered			110	
9. Name and Address of Current Registered Agent								81	Name		10. Name and Address of New Registered	nge.ii			
Martelli, Hank															
3601 N DIXIE HIGHWAY								82	Street .	Addres	ss (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33064								83	ļ		<u> </u>				
TOMM / MICO DESCRIPTE GOOD															
[84	City		FL	85 Z	ip Cod	е	
L								ئىل	<u> </u>			<u> </u>	it	intered	
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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												ntment as	regist	ered	
s	IGNATURE													\	
<u> </u>		Signature, typed	or printed name of	registered agent an				Agen	nt signature r	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDEC	TOPS	IN 12	
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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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP.

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

4/2/97 Date 954-784-4590 Daytime Phone #

Change

Addition