

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000025262 (3)
1. Corporation Name

MARTIN JOINT TITLE PLANT, INC.

Principal Place of Business

2701 GATEWAY DR.
POMPANO BEACH FL 33069
US

Mailing Address

2701 GATEWAY DR.
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3900 WOODLAKE BLVD.		26 3900 WOODLAKE BLVD.		03/27/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 312		27 SUITE 312		65-0575545	
City & State		City & State		Applied For	
23 GREENACRES, FL		28 GREENACRES, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
24 33463		29 33463		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Palm Beach		30 Palm Beach			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KNEEN, JEFFREY D 1400 CENTREPARK BLVD., SUITE 1000 WEST PALM BEACH FL 33401				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

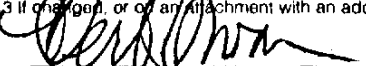
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIL, SHAYLA	1.2 NAME	
STREET ADDRESS	301 E OCEAN BLVD #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, HAROLD	2.2 NAME	
STREET ADDRESS	3401 CYPRESS ST., # 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLIN, ROGER	3.2 NAME	
STREET ADDRESS	1807 PALM BEACH LAKES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CHRIS	4.2 NAME	
STREET ADDRESS	493 E. SEMORAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, HERB	5.2 NAME	
STREET ADDRESS	2701 GATEWAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE:

 Herb SWAN

4-29-98 954-971-2200

CR2E034 (10/97)