

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035113 (6)

Corporation Name

MARTIN GROUP, INC.



Principal Place of Business

3333 W. ATLANTIC BLVD.
#32
POMPANO BEACH FL 33379

Mailing Address

3333 W. ATLANTIC BLVD.
#32
POMPANO BEACH FL 33379

2. Principal Place of Business

2a. Mailing Address

21 1191 EAST NEWPORT CENTRE ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 213

SAME

City & State

City & State

23 DEERFIELD BEACH, FL.

28

Zip

Country

Zip

Country

24 3344V

25 BROWARD

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report

4. FIC Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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, if applicable,

NOTE: Registered Agent Signature required when resubmitting.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINI, MARTIN
STREET ADDRESS 3333 W. ATLANTIC BLVD., #32
CITY-ST-ZIP POMPANO BEACH FL 33379

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P
1.2 NAME MARTINI, MARTIN
1.3 STREET ADDRESS 1191 EAST NEWPORT CENTRE SUITE 213
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33442

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25-1-96

(954) 725-0858

CR2E034 (12/95)