

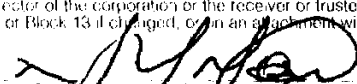


FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Mar 25 1997 8:00am Secretary of State	
DOCUMENT # P95000035113 (6) 1. Corporation Name MARTIN GROUP, INC.					
Principal Place of Business 1191 EAST NEW PORT CENTRE SUITE 213 DEERFIELD BEACH FL 33442 US		Mailing Address 1191 EAST NEW PORT CENTRE SUITE 213 DEERFIELD BEACH FL 33442-7715 US			
2. Principal Place of Business 21 1251 N Dixie Hwy Suite, Apt. #, etc BAY 10 City & State Pompano Beach FL Zip 33060 Country Broward		2a. Mailing Address 26 1251 N. Dixie Hwy Suite, Apt. #, etc BAY 10 City & State Pompano Beach FL Zip 33060 Country Broward		3. Date Incorporated or Qualified 05/04/1995 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0581385 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	
g. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132		10. Name and Address of New Registered Agent 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 type for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I, the undersigned, 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 included 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:  Martin Martini, Pres 3/20/97 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					