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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000063489

DOCUMEN I # P95000063489 1. Corporation Name								
Julie	A. Martin, P.A.							
Principal Piace of 1370 S. C	of Business Ocean Blvd., #2807 Beach, FL 33062	Mading Address 717 East Oa Kissimmee,	k Street FL 3474	1				
rompano	<i>Double</i> , 1 = 11				3. Date incorporated or Qualified 08/16/95	3a. Date o	of Last Report	
Principal Place of Business 2a. Mailing Address					4. FEI Number		\ \	ed For
2. Principal Plai	Phycipal Place of Bosi less				65-0608772	Not Applicable SB.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certilicate of Status Desired	ired		1
27							\$5.00 Ma	
City & State					Election Campa gn Financing Trust Fund Contribution		Added to F	
3		28	Countr		8. This corporation has liability for		ax under s 1	99.032,
Zip	Country	Zip	30	y	Florida Statutes Yes No			
4]	25	29			10. Name and Address of New F	legistered A	gent	
	9. Name and Address of Curre	ent Registered Agent	8	I Name				Ì
			6	Secret Add	ress (P.O. Box Number is Not Accept	able)		
Harry J. Swart, CPA				2) Street Add	ress (F.O. Box Normach is 1981)			
- 717 East Oak Street				3				
Kissimmee, FL 34744			ļ				85 Zip Co	ode
17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				184 Cty FL				
SIGNATURE _	Startanue, typed or printed han e of registered OFFICERS A	agent and title II application AND DIRECTORS	(NCITE Hospitaleted A	gjent sign flore tede	ADDITIONS/CHANGES TO OF	FIGERS AND	DIRECTORS Change	IN 12 Addition
TITLE	D DELETE			t				
NAME	Julie A. Martin		. 1.2 NAM					
STREET ADDRESS	1370 S. Ocean Blvd., #2807		■ Bi	EFT ADDRESS				
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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

SIGNATURE:

SIGNATURE AND TYPED OR

4/18/96 305.784-4101