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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000077500 (3)

MARTIN-JONES INC.

FILED

96 MAY -1 AM 9: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					I 1961/4661 NO 10101 BIRTH BONN BONN BONN BONN HODER 10071 BIRN BBAR BONN 1001			
2180 EMPER KISSIMMEE		2180 EMPEROR DRIVE KISSIMMEE FL 34744						
					3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1995			
	ace of Business	2a. Mailing Address			4. FEI Number 59 333976	N	⊢ +	Applied For
21 Cuite Ast	u ala	Suite, Apt. #, etc.		\$8.75 Additional			Not Applicable	
Suite, Apt	#, etc.	27		5. Certificate of Status Desired	Y		Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution			d to Fees
Zφ	Country	Zip	Count	У	8. This corporation has liability for i		cunder s	199.032,
24	25	29	30]		Florida Statutes Yes 10. Name and Address of New R			
	9. Name and Address of Current	Hegistered Agent		II Name	10. Name and Address of New H	egistereu A	gent	
444 5454	LIANEA AUDIATADUED I		Ĺ					
MARTIN-JONES, CHRISTOPHER J 2180 EMPEROR DRIVE			8:	Street Add	tress (P.O. Box Number is No. pcypy) (P.O. Box Number is No. pcypy) (P.O. pcypy) (P.O. pcypy) (P.O. Box Number is No. pcypy) (P.O. pc			566
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			8-	4 City		FL	85 Z	p Code
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STREET ADDRESS CITY-ST-ZIP			6 4 CITY					
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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 apoual 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 log poration 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 of sint florida statutes with an address.

SIGNATURE:

NAME AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46 40784744

Da, sue Prance