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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000093666**

1. Corporation Name

MARTINO INDUST	RIES, INC.						
Principal Place of Business		М	ailing Address				
3661 W. BLUE HERON BLVD. RIVIERA BEACH FL 33404		3661 W. BLUE HERON BLVD. RIVIERA BEACH FL 33404					
2. Principal Place of Busine	pee	2a	Mailing Addres	SS			
21		26					
Suite, Apt. #, etc.		1291	Suite, Apt. #, e	etc.			
22		27					
City & State			City & State				
23		28					
Zip	Country		Zip	Country			

29

Name and Address of Current Registered Agent

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90042 014 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/04/1995 4 _EEI Number Applied For 65-0624376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Boy Number is Not Acceptable)

LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 W. PALM BEACH FL 33401

	02	Street Address (F.O. Box Number is Not Acceptable)				
	83					
	84	City	85	Zip Code		
e a	bove	-named corporation submits this statement for the purpose of ch	ang	ing its registered		

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 i	f annlicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE		}	
12.	Cigilated, types of prince		13.		GES TO OFFICERS AI	OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE			☐ Change	■ Addition	
NAME	BIENEMAN, THOMAS D.		1.2 NAME					
STREET ADDRESS	14402 LARKSPUR LANE		1.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE		•	Change	☐ Addition	
NAME	MARTINO, JOEL A.		2.2 NAME				}	
STREET ADDRESS	109 OCEAN TERRACE		2.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL		2. 4 CITY-ST-ZIP					
TITLE	S	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	BIENEMAN, THOMAS D.		3.2 NAME					
STREET ADDRESS	14402 LARKSPUR LANE		3.3 STREET ADDRESS				1	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP					
TITLE	T	☐ DELETE	4.1 TITLE		•	☐ Change	☐ Addition	
NAME	MARTINO, JOEL A.		4. 2 NAME					
STREET ADDRESS	109 OCEAN TERRACE		4.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP		<u> </u>			
TITLE		☐ DELETE	5.1 TITLE		* *	☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u></u>				
TITLE	_	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				,	
STREET ADDRESS			6.3 STREET ADDRESS					
CITY OT ZID			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 an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Bieneman 2/23/99 (561)844-520

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day United Prices #

Day United Prices #

R2E034 (11/98)