

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096065 (4)

1. Corporation Name

MARTIN MODULAR SYSTEMS, INC.

Principal Place of Business

Mailing Address

711 MEYER DRIVE
NAPLES FL 33942
US

711 MEYER DRIVE
NAPLES FL 34120-1428
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1851 Quincy Avenue		26 Same as #2		12/20/1995		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Fort Pierce FL		28 City & State		65-0635078		Not Applicable	
24 34950		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30 Country		<input type="checkbox"/>		<input type="checkbox"/>	
26		27		6. Election Campaign Financing		5.00 May Be	
27		28		Trust Fund Contribution		Added to Fees	
28		29		<input type="checkbox"/>		<input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARTIN, MICHAEL D
1390 WILDWOOD LAKES BLVD., #7
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
1851 Quincy Avenue
83
84 City Fort Pierce FL 85 Zip Code 34950

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL D			1.2 NAME			
STREET ADDRESS	711 MEYER DRIVE			1.3 STREET ADDRESS	1851 Quincy Avenue		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Fort Pierce, FL 34950		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRELL, STEPHANIE R			2.2 NAME	Stephanie R. Martin		
STREET ADDRESS	711 MEYER DRIVE			2.3 STREET ADDRESS	1851 Quincy Avenue		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Fort Pierce, FL 34950		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Robert Curry Jr.		
STREET ADDRESS				3.3 STREET ADDRESS	1851 Quincy Avenue		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Fort Pierce, FL 34950		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Robin A. Curry		
STREET ADDRESS				4.3 STREET ADDRESS	1851 Quincy Avenue		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Fort Pierce, FL 34950		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 on an attachment with an address.

SIGNATURE Michael D Martin 4/1/97 (Handwritten signature)

CR2E034 (9/96)