PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000006699

MARTYN & MARTYN ENTERPRISES, INC.

Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90001 005 ***550.00

		Mailine Address			• • • • • • • • • • • • • • • • • • • •
Principal Plac		Mailing Address		i	
2623 Martina ave Kissimmee Fl 34741		2623 MARTINA AVE KISSIMMEE FL 34741	•		
					IN THIS SPACE
				3. Date Incorporated or Qualified 01/18/1996	
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 33 A.	US HWY 17-925		WY 17-923	59-3356355	Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
a DeBa		28 De Bary	FL	- Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	t year
24 32714	3 25 USA	29 32713	30 USA _	. Intangible Personal Property.	Yes No
	9. Name and Address of Cun	rent Registered Agent		10. Name and Address of New Re	gistered Agent
	RT, HARRY J			xetten Associates T lorges (P.O. Box Number is Not Acceptable	nc.
	E OAK STREET		5 S. U.S. HWY 17-92		
KISS	IMMEE FL 34744		83 Char	les Richard Beall	Blvd.
			84 City	Q are	FL 85 Zip Code
44 2	15- W	eho and CO7 4500 Florida Probita	the observe correct over	parties submite this statement for the num	pero of changing its registered
office or	registers, exect or sections bur.u	ate of Elorida, Such change was a	uthorized by the corpora	poration submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
4,,,,,	to Brown and on the first that of the				
agent. I a	aro familiar with pholocopt the co	ligations of, section 607.0505, Flo	orida Statutes.		
agent. I a	MAINING	<u> </u>			DATE
SIGNATURE	Signature, typed or pfinled name of registered in	<u> </u>	OTE: Registered Agent signature of		DATE
SIGNATURE	Signature, typed or pfinled name of registered in	agent and title if applicable. (NO	TE: Registered Agent signature of	equired when rehatibility) ADDITIONS/CHANGES TO OFFI	DATE
SIGNATURE 12. TITLE	Signature, typed or physical name of registered of OFFICERS	agent and the if applicable. (NO AND DIRECTORS	TE: Registered Agent signature of	equired when rehatibility) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
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