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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Morti

Secretary of Stal

DIVISION OF CORPOR FIONS

## DOCUMENT # P9600008475 (1)

MARTIN ACCOUNTING ASSOCIATES INC.

Principal Place of Business

Mailing Address

MODELL DECOTO AVENUE

14 NORTH DESOTO AVENUE

## **FILED** May 06 1997 8:00am Secretary of State



ARCADIA FL 33821		ARCADIA FL 34266-4411						
			-		3. Date Incorporated or Qualified 01/26/1996	3a. Dat	te of Last R	eport
	face of Business	2a. Mailing Address			4. FEI Number	<del></del>	<b>A</b> p	plied For
11 1751	SW. CLOVENOR	26 1751 Su CLO	ver 1	5 R.	59-3351804		No	t Applicable
Suite, Apt. (	#, etc	Suite, Apt. #, etc.	<b>-</b>		5. Certificate of Status Desired	П	\$8.75	
2		27			· · · · · · · · · · · · · · · · · · ·		Fee Re	· <del>-</del> · · · · · · · · · · · · · · · · · · ·
City & State	a El	City & State			6. Election Campaign Financing		\$5.00	
3 74 / CA	Country	28 AACADIA FL	Count	rv	Trust Fund Contribution		Added 1	
3426	6 25 050	29 37266 3		54.	8. This corporation has liability for in Florida Statutes	Yes 🎗		199.032,
41. **. *	9. Name and Address of Current	Registered Agent	<u>~</u>	-, -, -,	10. Name and Address of New Re			
MADI	TIN A D		8	1 Name	······································			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  28 A/CapiA Fh  Zip  Country  Zip  Suite, Apt. #, etc.  28 A/CapiA Fh  Zip  Country  Zip  Suite, Apt. #, etc.  28 A/CapiA Fh  Zip  Country  Zip  37 A 6 25 25 29 37 A 6 3  9. Name and Address of Current Registered Agent  MARTIN, A P  14 NORTH DESOTO AVENUE				A	dress (P.O. Box Number is Not Acceptab		<del></del>	
	ADIA FL 33821		18	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
· Anun	1DIA FE 33021		Ē	13	SI NICE COVER	~	<del></del>	
			8	4 City	RCADIA	FL	85 Zip (	266 266
11 Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abo	ve-named c	orporation submits this statement for the p			
office or re	egistered agent, or both, in the State o	Florida. Such change was au	thorized	by the corpo	ration's board of directors. I hereby accep	the appo	ointment as	registered
	m tamiliar with and accept the obligati	ons of Section 607.0505, Flori	ida Statu	108.			۰۰ سر ر	_
signature.	Signature, Privation printed name of registered agent	and little diagnificable (NOTE:	Registered A	oent signatura ze	quited when reinstating)	DATE	15-97	
2.	OFFICERS AND	/	13.	gen agrador to	ADDITIONS/CHANGES TO OFFIC			
rite	PTD	DELETE	1.1 TITL	<u> </u>			Change	Addition
1	MARTIN, A P		1.2 NAM	ie l			•	
	14 NORTH DESOTO AVENUE		1.3 STRE	ET ADDRESS				
	ARCADIA FL 33821		1.4 CITY	-ST-ZIP	•			
	VCD	<b>Ϫ</b> DELETE	2.1 TITL				Change	Addition
			1	1				
Ĭ			2.2 NAM	IE [				
NAME	ALMACK, PALINDA			EET ADDRESS				
NAME STREET ADORESS	ALMACK, PALINDA 63 RIO VISTA DRIVE		2.3 STRE	EET ADDRESS				
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