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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012198 (3)

MARTIN MARINA MANAGEMENT INC.

| | | | — | 181 (1866 1868) (1816 1816) (811 1881 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| Principal Place of Business Mailing Address | | | | A. 11918 (1881 (1978 1918) 1971 1981 | |
| 120 SW 75 TERRACE 120 SW 75 TERRACE PLANATATION FL 33317 PLANATATION FL 33317 | | | | | |
| | | | DO NOT WRITE IN THIS SPACE | | |
| | | | 3. Date Incorporated or Qualified 02/08/1996 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | 26 | | 65-0636667 | Not Applicable | |
| Sulte, Apt #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 25 | 7ip | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | ne current year Intangible | |
| 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Regist | ered Agent | |
| martin, ralph Jr | | B1 Name | | | |
| 120 SW 75 TERRACE PLANATATION FL 33317 | | 82 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| TEACHTON TE GOOT | | 83 | | | |
| | | 84 City | ا المالي ورساو و المالي و | FL 85 Zip Code | |
| Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig | l2 and 607.1508, Flori da Statu of Florida Such cha nge was ations of, Section 60 7.0505 , F | tes, the above-named corpora authorized by the corpora orida Statutes. | poration submits this statement for the purp tion's board of directors. I hereby accept th | ose of changing its registered e appointment as registered | |
| SIGNATURE Signiture, typest or printed name of registered again | at and the discoult oble (NO | IE Registered Agent signature requi | reed when constating) | DATE . | |
| 12. OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME MARTIN, RALPH JR | | 1.2 NAME | | | |
| STREET ADDRESS 120 SW 75 TERRACE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP PLANATATION FL 33317 | | 1.4 CITY - ST - ZIP | | | |
| CITY-ST-ZIP PLANATATION FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | DELFTE | 2.1 TITLE | | Change Addition | |
| NAME (MANUEL CE 100) | Tenane | 2.2 NAME | | | |
| STREET ADDRESS | 22317 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DELETE | 2.4 CITY-ST-ZIP | | Change Addition | |
| TITLE NAME | | 3.1 TITLE | | Figure Figure | |
| STREET ADDRESS | | 3.2 NAME 3.3 STREET ADDRESS | • | • | |
| CITY-ST-ZIP | | 3.4. City-St-ZIP | | | |
| TITLE | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | 4. 2 NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| 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 | | | |
| TITLE | DELETE | 61 TITLE | | ☐ Change ☐ Addition ☐ | |

14. Thereby 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:

6.2 NAME