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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000012198

Country

9. Name and Address of Current Registered Agent

MARTIN MARINA MANAGEMENT INC.

Principal Place of Business 120 SW 75 TERRACE PLANATATION FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

120 SW 75 TERRACE

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

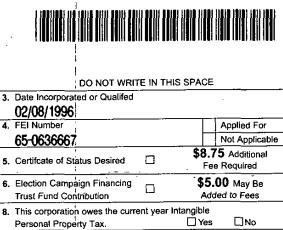
28

29

PLANATATION FL 33317

Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90095 012 ***150.00



MARTIN, RALPH JR 120 SW 75 TERRACE PLANATATION FL 33317

	Pers	☐ Yes ☐No								
10. Name and Address of New Registered Agent										
81	Name									
82	Street Address (P.O. Box Number is Not Acceptable)									
83										
84	City		85 Zip Code							

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 corregistered 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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Red	istered Agent signature require	d when reinstating)	1 .	DATE	i
	OFFICERS AND DIRECTORS	•	13		ANGES TO OF	FICERS AND DIRECTO	RS IN 12
		DELETE	1.1 TITLE	<u></u>	1	☐ Change	☐ Addition
NAME	MARTIN, RALPH JR			1, 3 (5) - (14)			}
STREET ADDRESS	120 SW 75 TERRACE		1.3 STREET ADDRESS	- Car	···		
CITY-ST-ZIP	PLANATATION FL 33317		1.4 CITY-ST-ZIP				
TITLE	T	DELETE	2.1 TITLE			Change	☐ Addition
NAME	MARTIN, CATHERINE D.		2.2 NAME				Í
STREET ADDRESS	120 SW 75TH TERR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				J
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLÉ			☐ 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			,	1
STREET ADDRESS			5.3 STREET ADDRESS				j
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				Į
STREET ADDRESS			6.3 STREET ADDRESS				[
CITY-ST-ZIP		127 5 - 11	6.4 CITY-ST-ZIP			I foutbox contify that the	

ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplementation of the corporation or the Block 12 or Block 13 if changed, or or

SIGNATURE: