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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016430 (6)

MARTEL ENTERPRISES CORP.

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State



10171 MARTELLY NW 59 DR		10171 MARTELLY NW 59 DR PARKLAND FL 33076					
				·	Date Incorporated or Qualified 02/22/1996	\$a. Date o	Last Report
2. Principal Place of Busi	iness	2s. Mailing Address	······································	 	4, FEI Number	- 	Applied For
21		26			65-0650947		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	······································		6. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State	······	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cou	ntry	a. This corporation has liability for I	ntangible tax	under s. 199.032.
24	25	29	30				
	e and Address of Curren	I Registered Agent			10. Name and Address of New Re	gistered Age	nt
MARTELLY, YA	ANICK			81 Name			
•	LLY NW 59 DR			82 Street Add	dress (P.O. Box Number is Not Acceptab	<u>اما</u>	
PARKLAND FL				511001 AC	bross (1.0. box realitibes is real Acceptab	10)	
170110000	. 00010			03			
			,				-T::
				84 City		FL 8	5 Zip Code
11. Pursuant to the provis office or registered at agent. I am familiar w	sions of Sections 607.050; gent, or both, in the State with, and accept the obliga	2 and 607.1508, Florida Stat of Florida. Such change was ations of, Section 607.0505, I	utes, the al s authorize Florida Stat	pove-named con by the corpora lites.	rporation submits this statement for the p ation's board of directors. I hereby accep		inging its registered ment as registered
SIGNATURE			· · · · · · · · · · · · · · · · · · ·				
	d or printed name of registered age			Agent signature req	uired when reinstating)	DATE	PROTORO III 40
12.	OFFICERS AND	DELETE	13,	DE T	ADDITIONS/CHANGES TO OFFIC		Change Addition
TITLE D	IV MOUCH I		1.1 TI	1			piwilige Ethodilloit
	LY, MICHEL J		1.2 N/	ľ			
1 171 117.	69 ST #703		1.3 \$1	REET ADDRESS			
	MI FL 33138			TY-ST-ZIP			
TITLE D		DELETE	21 Tr	1		LJ	Change
	LY, YANICK		2.2 N/	W/E	*		
	IARTELLY NW 59 DR		2.3 \$1	REET ADDRESS			
CITY-ST-ZIP PARKLA	ND FL 33076		2.40	ITY-ST-ZIP			
TITLE		☐ DELETE	3.1 Ti	TLE .			Change
NAME			3.2 N	UME .			
STHEET ADDRESS			3351	PEET ADDRESS			
CITY-SI-2IP			3.4. C	ri Y - ST - ZIP			
TITLE		DELETE	4.1 T)	rµ:			Change
NAME			4.2 N	AME			
STREET ADDRESS			4.3 51	REET ADDRESS			
CiTY+ST-ZIP			4.4 0	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI				Change Addition
NAME			52 N	AME:			
STREET ADDRESS			5.3 \$1	REFT ADDRESS			
CITY-ST-ZIP				TY - ST - ZIP			
TITLE		DELETE	6.1 TI				Change Addition
NAME			6.2 N/	.			-
STREET ADDRESS				REET ADDRESS			
			-1				
City-\$1-ZiP	at the information supplier	d with this filing does not gu		IY-ST-ZIP exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further cer	tily that the

4. If do needly certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(a)(f), 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 cath; 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

4-4-97

(954)755-160) Daytime/Prohe #